This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

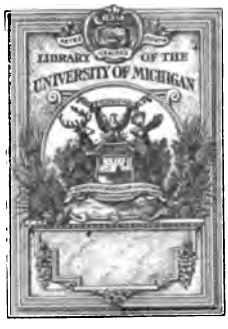
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

B 3 9015 00212 306 8
University of Michigan – BUHR

Digitized by Google



PRESENTED BY
THE PUBLISHER

Digitized by Google

610.5
M 5
W 9

Digitized by Google

PRESENTED BY
THE PUBLISHER

Digitized by Google

610.5
M 5
W 9

Digitized by Google

PRESENTED BY
THE PUBLISHER

Digitized by Google

610.5
M 5
W 9

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

YEARLY INDEX
FOR
THE MEDICAL WORLD

VOLUME XXVIII, 1910

Page

Abortifacient, Oil of Cloves as an..347
Abortion, Report of Case of Criminal....488
Abortions, Another Book on....346
Abrus Heralded as a "New Cancer Cure Given to Science"....463
Absorbine, Jr....322
Acne....419
Acne of the Face, Treatment of..282
Aconite and Veratrum Locally...205
Advancement for the Middle-Aged General Practician in Country Practise? Is There Any Chance for....140
Alaska, Practise in....416
Albuminuria, Probably a Case of Cyclical....393
Alcohol Remedies, Druggists Must Pay Booze Tax on These....468
Alopecia, Treatment of Universal..113
Alopecia, Universal....73
Alopecia, Universal—Aggravated Case....31
Aluminum Acetate....163
Amenorrhea and Sterility....173
Anemia and Indigestion, With Possible Autointoxication in Consequence....429
Anesthesia, America, Chloroform, and....113
Anesthesia, Discoverer of Surgical..148
Anesthesia, Dr. Long's Claim to Priority in the Discovery of Surgical....247
Anesthesia, Dr. Long the Discoverer of Ether....341
Anesthetic Formula, A Local....255
Angina Pectoris....65
Ankle Following Delivery, Painful..259
Ankle, Painful....265, 299
Antitoxin in Non - Diphtheritic Cases....122
Appendicitis, Suppurativ....210
Appendicitis: To Operate or Not to Operate....324
Appreciate Ourselves, Let us....114
Arthritis Deformans in Children: Still's Disease....355
Asclepias....176, 253, 379
Asclepias Tuberosa....219
Asthma Cure, Dr. Peterson's....179
Asthma Cure, Tucker's....203, 321
Asthma Cures, Two....204
Ataxia, Friedreich's; Oxydonor...358
Autointoxication, Menopause, Cerebral Hemorrhage....169
Automobile Troubles....391

Babies, For Wheesing....121
Backache and Kidney Complaints 488
"Backache Mixture, That"..175, 207
Back, Involving Mediastinum, Penetrating Wound of....358
Bacteriology and the Laity....263
Basedow's Disease....312
"Baunscheidtism"....261
Bedbugs as Infection Carriers...201
Beecham's Pills....391
Beginners, A Word to....202
Bladder Trouble in an Old Man..131
Blindness, Trolley....340
Blind, Probably Hopelessly....161
Blister from Lead and Opium Lotion....209
Boils....114
Boils, Ichthyol for....200
Boils on Face....75
Brain or Inner Ear Injured? Was..355
Breasts Neurotic? Pain in.... 36
Breasts, Pain in....215
Breathing and Rapid Pulse Without Apparent Cause, Rapid...216
Breech Presentation, Delivery of Head in....342
"Breeding of Humanity, The"...203
Breeding of Humanity, Rational..123
Bright's, Possibly Unsuspected...263
Bronchiectasis....498
Bronchitis, For Chronic....426

Page

Burn, Extensiv....492
Burn, Extensiv; Treatment; Skin Grafting....457
Burns and Scalds.... 22
Burns Caused by the X-Ray, Treatment of....324
Burns, Dressing for....187, 292
Burns, Electric....179
Burns, Restoration of Skin After 485
Burow's Solution....172, 195, 317
Business and Joy, and How to Win Them....240
Business Talks to Doctors..4, 48, 93 141, 189, 235, 285 333, 368, 406, 442, 476

Cabbage Snake....61, 62
Calcium Creosote....489
Calculus, Pyelitis, With....321
California With the Glamour Off...198
Calomel in the South, Large Doses of....491
Calomel in Various Dosage.... 58
"Cancer Cure Given to Science, New," Abrus Heralded as a....463
Cancer of Penis, Possibly....131
Cancer Specialists, Advertising...392
Cancerol.—Dr. L. T. Leach's Cancer Cure and His Parkview Sanatorium.... 81
Cancrum Oris and Mercury.... 59
Canker of Mouth, "Grass of Parnassus" for....299
Cannabis Indica? Are Colored People Specially Susceptible to..204
Carbolic Acid "Stains"....130
Carbon Dioxid Snow and Liquid Air as Used Locally for Purposes of Anesthesia or for Destructiv Action on Small Growths.... 45
Carbuncle.... 62
Carbuncles, Sulfid of Calcium for..148
Case Report? Who Can Beat This..495
Castor Oil, Palatable and Transparent Preparation of....239
Cataract, Cineraria Maritima in..212
Cataract, Local Remedy Wanted for....497
Catarrh and Constipation....315
Catheters (?) Avoid Glass.... 22
Cerebral Hemorrhage, Autointoxication, Menopause....169
Cerebral Trouble, Probably....160
Cerefolius....391
Charter Member Speaks, A.... 31
Chiggers and Screw-Worms, Gasoline for.... 61
Chilblains, Frostbite; Treatment.. 91
Cholera Infantum....208
Chololithiasis....239
Chorea....394
Christian Science....485
Christian Science vs. Malaria....422
Chromium Sulfate....490
Chromium Sulfate in Goiter....450
Chromium Sulfate in Goiter? Has Any of the Family Used....391
Cigarette Smoking....281
Clippings, A File for.—Enlarged Tonsils....487
Clippings, Index Rerum Instead of....452
"Cold Sore" and "Fever Sore"..129
Cold Sores....244, 379
Cold Sores, Homeopathic Treatment for....200
Colic, Quinin for Periodical....245
Colic, Three Months'....209, 244
Colitis, Membranous....222
Colitis, Surgical Treatment for Membranous....245
Collection Agencies Thrive, How Some....268
Collections.... 72
Colonic Ulceration, Possibly....165
Colored People Specially Susceptible to Cannabis Indica? Are...204
Commandments, Twenty-Four...257
Comments....201

Page

Consumptivs, Diet for....267
Conception, Concerning Prevention of.... 79
Conception, Conscience in Prevention of.... 38
Conception, Laws Concerning Prevention of.... 26
Confinements, "Mother's Friend" for Easy....455
Conjunctivitis Caused by Electrical Discharges. (Trolley Blindness)....387
Constipation, Catarrh and....315
Constipation, Diet for Chronic...318
Constipation in Young Children; Treatment....234
Constipation, Legs Burn and Itch from Poor Circulation and.... 27
Constipation, Mechanical Treatment of....192
Constitution and By-Laws, Minimum Fee Bill and Articles of Agreement, Mannington (W. Va.) Medical Society, April, 1909....412
Consumption? What Should Constitute a Cure for....376
Continental B. and L. Assn. of Denver.—Information Wanted Concerning Hot Springs....497
Contracts Carefully, Read.... 39
Corpses, Sealed Caskets for Shipping.... 28
Cosmetic Surgery an Interesting Specialty for the General Practician....403
Cosmetic Surgery, Failed to Find Books on—Addresses of Publishers....461
Cost Marks....317
Cost Marks, "Character"....158
Cough Remedies....132
Criticism, Harsh....139
Cystitis Cured, A Case of Obstinate....254
Cystitis, Probably....217
Cystitis, Probably Chronic....169

"Dan Matthews, The Calling of"..352
Deafness and Roaring in Head...172
Death, Erroneous Ideas on Dread of.... 28
Delirium Tremens, Dr. Pettey's Treatment of....267
Delivered, Syncope Following Tooth Extraction in a Woman Recently....427
Delivery, Painful Ankle Following..259
Dermatitis Gangrenosa....157
Diabetes....174
Diabetes Mellitus, Incipient....170
Diphtheritic Antitoxin "Bad" When Diphtheria Is Not Present.... 63
Diphtheria, Sneesing and Calomel in....122
Diphtheria, Treatment of.... 66
Diphtheria With Convalescent Complications, Probably....176
Dislocations, Massage in the Treatment of.... 98
Dislocations, Treatment of Fractures and....100
Dispensing Doctors, An Insult to the Integrity of....440
Dispensing Doctors Threatened, Iowa....486
Dissenters, The....208
Doctor, The....159
Doctor, The Old....456
Dressing for Minor Surgery, A Satisfactory....302
Druggist-Physicians, A Hint to...256
Drug Habit, Teatment of the....421
Drug Habitues, The Treatment of....348
Dusting Powder, Formulas for...394
Dysmenorrhea....460
Dyspnea and Subacute Gastritis..500

Page

Eclecticism, How I Was Converted to....316
Eczema, Chronic....322
Eczema, Homeopathic Treatment for....351
Eczema—Homeopathic Treatment Wanted....321
Eczema of Ten Years' Standing Cured by Combination Methods.411
Eczema, Ointment to Allay Itching in....168
Eczema on a Physician's Hands, Obstinate: Help Wanted....496
Eczema, Scrotal....73
Eczema, Weeping....36
Edema; Obstinate Vertigo; Is It Pellagra?....398
Editorial Individuality....331
Editor, Two "Bumps" for the....30
Egg Idiosyncrasy, Etc....57
Egg Idiosyncrasy, Homeopathic Treatment for....202
Electrical Power Houses Healthy? Are....168
Emissions, Nocturnal....127
Encouragement, For My....159
Endemic and Its Lessons, An....483
Endometritis....121
Enuresis....123, 148
Enuresis, Equisetum for....123
Enuresis, Etc....204
Enuresis Nocturna....497
Enuresis, Rational Treatment of Nocturnal....34
Enuresis, The Cold Sound in....302
Enuresis With Urinary Decomposition, Nocturnal....34
Epilepsy, Bromids Fail to Cure a Case of....396
Epilepsy in a Child....463, 490
Epilepsy in a Child, Suspected....493
Epsom Salts, Correction on Quantity of Saccharin Used in Disguising....302
Epsom Salts, Disguising Taste of.244
Epsom Salts, "Pleasant"....129
Ertich-Hata Preparation for Syphilis, The; Or "Substance 606"..437
Esperanto....426
Evolution, Medical....255
Examination Questions with Answers, Va....82, 133, 180, 223, 271
Examinations, Ohio State Board.362
Examinations, Simplification of Materia Medica....504
Examining Boards, With Addresses, List of Secretaries of....181
Exophthalmic Goiter....65
Eye Balsam, Roman....179
Eye in Pellagra, Diseases of the.. 12

Faces, Wants to See Their....160
Fee-Bill, Medical....125
Fee-Bill, Pottstown, Pa....207
Fees and Living Expenses....378
Fees, Low....379, 423
Fees Too Low....198
Fees With the Laity, Dividing..254
Feet in Cloudy Weather, Aching..167
Femur Fracture in Child by Indirect Violence....342
Fetal Ventilator an Improvement Over Manipulation? Is the....318
Fetal Ventilator, Barnes'....253
Fibroids, Systemic Alteratives, or Absorbents, for....106
Figures Which Would Delight King George III....373
Flat Foot, Rheumatism or Morton's Metatarsalgia....500
Flies, Hop Vines to Exclude....268
Florida for Tuberculosis, Central. 61
Florida, Speaks Up For....354
Foot, Death Following Laceration of....356
Forceps, Mind the Pelvic Curve While Using....385
Forceps, Probably Saved by Early Application of....205
Fractures and Dislocations, Treatment of....100
Fractures, Massage in the Treatment of....145
Frauds, Millions Spent on....361
Frontier, On the....257
Frostbite; Chilblains; Treatment.. 91
Fruitola....506

Galatorrhea from Debility.... 24
Gallium....261

Page

Gall Stones Be Dissolved? Can....259
Gall Stones, Homeopathic Treatment for....206
Gall Stones, Quack Remedies for.201
Gasoline Poisonous? Is....358
Gastritis, With Fermentation, Chronic Subacute....430
Germany, Information Desired on Post Graduate Work in....359
Gingivitis....239
Glands in Children, Tuberculous.175
Glandular Swellings in Neck....259
Goiter, Chromium Sulfate in....450
Goiter? Has Any of the Family Used Chromium Sulfate in....391
Goiter Neck Band....174
Gonorrhea Mixture, A....459
Gonorrhea, Prolonged....215
Gonorrhea, the Great Evil of the Day....423
Gout? Is It Irregular....37
Government Medical Positions...368
Guaiacol Carbonate, Is There a Liquid; Antineuralgic Injection.462
Gunshot Wound of Heel....258
"Gynecology," Reed on.... 33

Habitina....191
Hair Tonic.... 78
Hair, Walnut Dye Fails to Dye the Hair....501
Has Thrived, and Knows How to Catch Schemers....425
Hay Fever by Antisepsis and Oily Sprays, Exceptions Taken to Treatment of....459
Hay Fever, Correspondence Concerning Malaria and....493
Hay Fever Wanted, Remedies for.429
Headache, Iris Versicolor for Sick.385
Headache, Massage in the Treatment of Chronic....374
Head Lice....322
Healing, Miracles of....268
Health, How to Secure a National Department of....484
Heaven Enuf for Me....503
Heel, Gunshot Wound of....258
Hemorrhage from Stomach of New Born....449
Hemorrhage, Momberg's Belt in Post-Partum....266
Hemorrhoids After Ethyl Chlorid (?), Sluffing.... 75
Hernia, Another Novel Method of Reducing....156
Hernia, Exercises and Massage for 494
Hernia, Graphic Description of Novel Method of Reducing Inguinal....107
Hernia: Its Care and Treatments.453
Hernia, Possibly.... 77
Hernia, The Treatment of—The Injection Method Reaches a Larger Number of Cases Than the Cutting Method....300
Herpes Preputialis....177
Herpicide? Shall Doctors "Bark" for.... 27
Hiccoughs....438
Homeopathic Results....456
Home Treatment, Mrs. Cora B. Miller's....466
Hook Worms Better Than Charts.493
Hookworm Disease....250, 405
Hookworm Disease, Diagnosis of.126
Hookworm Disease from Asia...452
Hookworm, Pellagra, and Infantil Paralysis Are Now Reportable Diseases....465
Hookworm Wanted, Charts Illustrating the....461
Hormones....280
Hot Springs, Continental B. and L. Assn. of Denver.—Information Wanted Concerning....497
How a Kentucky Doctor Gets Along....418
How I Have Gotten Along in a Small Town....197
How I Have Gotten Along in a Small Town in Arkansas....298
How the News Reacht Cerebrum.342
Hydrophobia....243
Hydrophobia? Is This....128
Hydrophobia (Rabies; Lyssa)....283
Hydrotherapy....170
Hypnotism....265

Page

Ignorance in "Born" Doctors... 23
Impetigo Contagiosa....325
Impotence, Strong Medicins and.. 32
Impotency in the Male....180
Income? How Can a Town Doctor Increase His Usefulness and...147
Incontinence of Urin....325
Incontinence of Urin in Aged...430
Index Rerum Instead of Clippings.452
Inebriety, Periodical...164, 201, 299
Inebriety, Secret Cures for....507
Infantil Paralysis Are Now Reportable Diseases, Hookworm, Pellagra, and....465
Infection by Means of Eating Utensils, The Spread of....106
Infection Carriers, Bedbugs as...201
Infection the Result of Constitutional Condition, Lessened Local Resistance to....108
Insomnia and Leucorrhea Wanted, Remedy for....397
Insurance, Accident and Health..174
Insurance and Investment....395
Insurance Companies, $5 Rate..269
Intestinal Antiseptics..117, 148, 150
Intestinal Antiseptics, Concerning.249
Intestinal Parasites....339
Intra-Uterin Injections, Beware of....150
Investment, Insurance and....395
Investments for Doctors, Best...114
Itch, Army....203
Itch, Treatment for Winter....246
(Itch, Winter), Pruritus Hiemalis.173
Ivy Poison....208, 419

Kelly Pad, The.... 65
Kelly Pad in Obstetric Practise, The....111
Kidney Complaints, Backache and 488
Kidney Disease, New Way to Treat.... 58
Kinetic?....150
Knee Joint Trouble, Chronic.... 76

Labor, Difficult....293
Lambert Drug Habit Cure, The..223
Larynx, Papilloma of the....127
Latin, Prescriptions in....301
Laws, Medical....222
Laws, Pamphlet of Medical....363
Leg Larger Than the Right, Left.216
Leucorrhea Wanted, Remedy for Insomnia and....397
Licensing Board....127
Lichen, Probably....259
Life Insurance Examinations, Books on.... 73
Life Insurance for the Physician, Endowment....367
Liquid Air as Used Locally for Purposes of Anesthesia or for Destructiv Action on Small Growths, Carbon Dioxid Snow and.... 45
Literary Selections Wanted....175
Locations, Western....202
Lochia Continue? How Long Should the....176
Locomotor Ataxia....264
Locomotor Ataxia, Books on the Treatment of.... 38
Lumbago Shuns Iodin-Ammonia-Collodion.... 22
"Lung Germaine"....216

McKinley's Case, President....162
Mail Post in Roadway....171
Malaria and Hay Fever, Correspondence Concerning.... 493
Malaria, Christian Science vs....422
Malaria, Etc., Are Passing Away, Old Ideas Concerning....380
Malaria in the Old Days....205
Malarial and Yellow Fever, Discovery of the Causes of....398
Manual Treatment and Early Use, for Injured Joints....122
Manual Treatment, He Uses....120
Marital Misfits, Medical....361
Marks, Cost....317
Marks, Cost, "Character"....158
Marks, Price....79, 158
Marmola....88
Massage in the Treatment of Chronic Headache....374
Massage in the Treatment of Dislocations.... 88

Digitized by Google

Page

Massage in the Treatment of Fractures....145
Massage in the Treatment of Sprains....55
Massage, Some Experience With Swedish....242
Masturbation, Apparatus for....133
Mechanical Therapy....193
Mechanical Treatment in Paralysis....288
Mechanical Treatment of Constipation....192
Mechanical Vibration....451
Medical Month, The....410, 447, 480
Medicin for Females, Mrs. Summer's....179
Medicin Many Years Ago....312
Medicin Only *One* Hundred Years Ago—Also 57 Years Ago....350
Medicin, Past and Present....349
Medicin, The Triumphs of....46
Medicins Not as Labeled....171
Meningitis....220
Menopause, Cerebral Hemorrhage, Autointoxication....169
Menorrhagia....129
Menorrhagia; Anemic and Nervous....74
Menstrual Pain....329
Menstrual Pain After Removal of Ovary....216
Mentholatum....166
Mercuric Bisulfate, Solvent Sought for....358
Mercury, Cancrum Oris and....59
Mesenteric Enlargement....415
Metritis, Membranous....76
Metrorrhagia....162, 194, 379
Metrorrhagia, Galvanism for....243
Mexicans, Obstetric Practise Among the....385
Migraine....357
Millions Spent on Frauds....361
Mixer, Drs....361
Momberg's Belt in Post-Partum Hemorrhage....266
Momberg's Belt Not New....340
Moorman's Tincture Wanted, Formula for....397
Morphin Case, Illustrating the Influence of the Mind Over the Body, A....252
Morphin Habit....214
Mosquitoes Be Banisht? How May.261
Mosquitoes, Oil Citronella to Banish....305
"Mother's Friend" for Easy Confinements....455
"Mother's Friend" Said to Show That it Consists of Oil and Soap, Government Analysis of....455
"Mother's Friend" Wanted, Formula for....428
"Motor Buggies"....223
Motorcycle Letters Misleading....72
Motorcyclists, Arise and Explain. 23
Mouth Wash....239
"Mycolysine"....262

Naevi, Glacial Acetic Acid for.—Crooked Teeth....498
Nebraska, Practise in....253
Neck, Glandular Swellings in....259
Neck, Peculiar Swelling in Side of; Diagnosis Wanted....458
Negro, Syphilis and Tuberculosis in the....292
Nephritis? Can Red Iodid of Mercury Cause....260
Nephritis? Will Lime and Soda in Drinking Water Cause....212
Neuralgia, A New Theory of Action in Air Injection on....347
Neuralgia, Injection of Air for....264
Neuralgias, Subcutaneous Injection of Air in....233
Neuritis....451
New-Born, Hemorrhage from Stomach of....378
Niagara Falls, Disgraceful Condition of Water Supply of....268
Nipples Before and After Confinement, Care of the....474
Nocturnal Emissions....127
Non-Drug Therapeutic Journal....425
Noses, Red....461
Nostrums, More Misbranded.225, 466
"Number 6," Formula for....499
Nurse and the Law, The....176

Page

Obesity....163
Obesity, Its Causes and Rational Treatment....2
Obesity of Abdomen and Hips....212
Obesity, Treatment of....387
Obstetrical Records....180
Obstetric Binder Objected To....150
Obstetric Practise Among the Mexicans....385
Obstetric Tractor....121
Obstetrics, Simple Methods in....25
Odol....507
Old Age, Works on Diseases of....218
Old and Young Practicians, Peace Between the....384
Old Brothers, To the....204
Old Doctor Inspires a Younger One, An....495
Old Doctor, The....148
Old Doctor Gets Results, The....26
Old Doctor is Displaced, Why the.112
Old Doctor, More About the....343
Operativ and Non-Operativ Work Compared....122
Opsonic Index Theory, The....33
Optic Nerve Atrophy With Neuritis....358
"Orange Blossom"....265
Organization of Local Physicians, A Sample....411
Orgasm, Male Discharge at....171
Os Apparently Contracted Again, After Dilatation....78
Osler, In Defense of; Objects to Coal-Tar Drugs in Typhoid....346
Osteopathic Publications....322
Osteopathic Treatment, A Plain Description of an....246
Osteopathic Treatment, Questions for Dr. Kline on....348
Osteopaths, Books Studied by....207
Osteopaths Prescribe Drugs? Can.398
Osteopathy, Dr. Kline Again on.. 18
(Osteopathy) Freese-ing Kline.... 18
(Osteopathy) Marvelous Mechanician Kline....17
Osteopathy, Note on....424
Oswego Crookedness, More....144
Other Side, Not Afraid to Read the....391
Out of Joint....426
Ovarian Pains, Pulsatilla for....343
Oxydonor; Credulity....430
Oxydonor; Friedreich's Ataxia....358
Oxygenor [King, Perfected....505

Palsy, Shaking....79
Papilloma of the Larynx....127
Paralysis Agitans, Modern Methods for....32
Paralysis Agitans; Pathology and Treatment....112
Paralysis Agitans, Possibly....127
Paralysis, Epidemic Infantil....426
Paralysis, Etc., Facial....73
Paralysis, Infantil....357
Paralysis, Mechanical Treatment in....288
Patrons, Some Suggestions to....344
"Patrons, Suggestions to"....390
Pellagra....304
Pellagra, A Case of....417
Pellagra, and Infantil Paralysis Are Now Reportable Diseases, Hookworm....465
Pellagra, Concerning....102
Pellagra, Diseases of the Eye in.. 12
Pellagra, Is It? Edema; Obstinate Vertigo....398
Pellagra? Is There Any Work on.392
Pellagra, Seven Cases of.... 11
Pellagra, Treatment of.... 11
Pemphigus in a Child, Chronic.... 33
Penis, Possibly Cancer of....131
Perineum, How to Prevent Rupture of the....351
Periodic Pain and Nausea, Obscure....214
Permanganate of Potash.... 61
Perspiration, Excessiv....221
Pessary, The....60, 65
Pessary, Mechanical Replacement Versus the.... 24
Petit Mal.... 79
Physician and Assistant, Relations Between....211
Physician, Books on the Relation of the Public to the....223

Page

Picric Acid Stains....129
Pleurisy, Probably Tuberculosis With....217
Pneumonia....63, 196, 379, 502
Pneumonia, Aborting....153
Pneumonia be Aborted? Can....464
Pneumonia, Chloral Hydrate Treatment of....244
Pneumonia "Cure," A....196
Pneumonia During Pregnancy....161
Pneumonia, Eclectic Treatment of.152
Pneumonia, Gaseous Fermentation of Food Following....130
Pneumonia, Gowan's Preparation for....179
Pneumonia—"My Own Case"....119
Pneumonia, Pulmonary Blood Vessels in....197
Poison Bottles With String, Mark.465
Poliomyelitis, Acute Anterior: Symptoms and Treatment....475
Poliomyelisis, Ascribes to the Use of Calomel....501
Poliomyelitis, Importance of Early Recognition and Isolation of Cases of Acute Anterior....439
Polyuria....170
Post-Graduate Work in Germany, Information Desired on....359
Post-Graduate Work, Summer....464
Post-Partum Bleeding, Compression of the Aorta for....343
Post-Partum Hemorrhage, Momberg's Belt in....266
Potassium Chlorate....373
Potassium Cyanide Poisoning Requested, Treatment for....427
Practicians, Illegal....419
Practise, A Few Things That I Have Learned in.... 14
Practise, The First Year in....158
Practise, The Present Prospects of Medical....503
Prayer for All Working Women, A....363
Prayer for Doctors and Nurses, A.496
Pregnancy, Pneumonia During....161
Prescription, An Odd....290
Prescription Fakes, More....270
Prescription, The Declaration of the....269
Prescription Writing....57, 157
Prescriptions....317
Price Marks....79, 158
Printer, Patronize Your....403
Professional Situation in Your Community? What is the....437
"Prof. H. Samuels"....166
Prophecy, A Remarkable....325
Proprietaries and Trade-Marks....464
Proprietaries, Patents and....502
Prospering....197
Prostate, "Rice Bodies" from the.128
Pruritus, Cutaneous....320
Pruritus Hiemalis (Winter Itch) 173, 498
Pruritus, Obstinate Cutaneous....360
Psoriasis....213
Pulse Without Apparent Cause, Rapid Breathing and Rapid....216
Purgen Again.... 39
Pyelitis, With Calculus....321

Quack? What is a....261
Quacks Prosecuted in New Orleans, Advertising....362
Quinin, Eau de....128
Quinin in Graves' Disease, Hydrobromate of.—Other Remedies..499

Rabies, A Case of....335
Rabies? Possibly Tetanus Instead of....385
Reading for Doctors, A Plan of Systematic.... 1
Receipts in Three Colors.... 59
Refraction, How to Go About the Study and Practise of Simple..458
Refraction, Simple....133
Renal Calculi....164
Renal Calculi, Citrate of Potassium....204
Resinol.... 39
Rheumatic and Gouty Diathesis, The Treatment of Certain Ocular Manifestations of the....251

Digitized by Google

Page

Rheumatic and Lithemic Conditions with Salicylic Acid Salts, with Special Reference to "A-s-phen" and "A-f-sal," The Treatment of So-Called.....388
Rheumatism, Climate for..... 60
Rheumatism (?) Distilled Water for..... 60
Rhinitis, Vasomoter.....430
Ringworm of the Scalp.....325
Rubber Appliances, Care of.....260
Rubber Goods, Care of.....299, 344
Rural Doctor, A Cheerful Note from a.....256

Sanatogen.....180
"Santogen".....126
"Sargol"? What Is..... 32
Scalp Affections, Methylene Blue for..... 27
Scar from Face Desired, Removal of.....429
Scheme to Defraud, The Old "Deed for Lot".....398
Sciatica.....451
Scleroderma.....359
Scrofula and Tuberculosis are "Worm-Out Syphilis".....347
Seasickness, Mothersill's Remedy for: Formula Wanted.....500
Serum Disease.....279
Sex, Control of.....213
Sex, Determination of.....248
Sexual Matters in Lay Publications a Sign of Enlightenment, Discussion of.....188
Sid-ol, A Repudiated Testimonial on.....323
Sigmoid, Ulceration of the.....165
Skin? Can the Body Be Nourisht Thru the.....218
Skin Discolored by Rings.....126
Skin Grafting; Extensiv Burn; Treatment.....457
Skin Grafting, The Technic of....439
Sleep Exhausted Brain Battery the Cause of.....105
Snake Bites, Echinacia in.....348
Soothing Syrups Which Kill Infants 502
Southern Brother Speaks Out, A..354
Specialty for the General Practician, A Remunerativ..... 92
Specialty for the General Practician, Cosmetic Surgery an Interesting.....403
Specifics for Conditions..... 61
Spengler's "J. K."..... 260
Sphygmomanometer a Practical Instrument Yet? Is the.....392
Spinal Cause for Distant Pain....101
Spinal Treatment for Reflex Pains. 68
Spinal Treatment for Whooping Cough.....200
Spine, Fracture of..... 75
Sprains, Danger of Rest in the Treatment of.....268
Sprains, Massage in the Treatment of..... 55
Stammerers, Aid for..... 62
Stammering, Treatment of..... 32
Sterility..... 60
Sterility, Amenorrhea and.....173
Still's Disease; Arthritis Deformans in Children.....355
Stomach of New Born, Hemorrhage from.....449
Stovaine.....175
Stovaine-Strychnin.....168
"St. Vitus' Dance or Chorea Remedy, Barrett's," Formula Wanted for.....428
Suggestions from Our Brother, Dr. Bott, Some.....495
"Suggestions to Patrons".....390
Surgery, Failed to Find Books on Cosmetic—Addresses of Publishers.....461
Surgery, Fireside.....109
Surgical Conservatism..... 47
Swelling in Side of Neck, Peculiar; Diagnosis Wanted.....458
Syocosis Vulgaris, Probably a Case of.....356
Symptomatic Treatment.....306
Syndicate, The American Druggists'..... 81

Page

Syphilis After Unnoticed Sore....122
Syphilis and Tuberculosis in the Negro.....292
Syphilis, More About Professor Ehrlich's New Remedy for 482
Syphilis, The Erlich-Hata Preparation for; or "Substance 606".471
Syphilis? Was It..... 74
Syphilis, The Wasserman Test for.360
Systematic Reading for Doctors, A Plan of..... 1

Taenicide, Thymol as a..... 59
Tapeworm.....27, 61, 386, 415
Tapeworm, Four Unsuccessful Attacks on a; Suggestions.....393
Tapeworm, Hoffman's Anodyne for the Removal of.....415
Tapeworm, Pumpkin Seed for....450
Tapeworm, Thymol for.....450
Tarsalgia.....219
Tear, Read This, and Drop a..... 30
Teeth, Crooked.—Glacial Acetic Acid for Naevi..... 498
Teeth During Sleep, Grinds His..167
"Teleconi".....174
Temperature Askt for, Cause of Subnormal.....461
Temperature, Comments on Bodily.....148
Tetanus Instead of Rabies? Possibly.....385
Text-Books, Recent Standard.... 33
Thermometer, A Normal.....103
Thymol as a Taenicide..... 59
Tincture of White Soap.....269
Tinea Versicolor Successfully Treated..... 35
Tobacco, An Arraignment of the Use of.....386
Tobacco, The Harmful Effect of the Use of.....457
"Tongue, Acid," The.....290
Tongue Indications, Eclectic.....347
Tonsillitis, For.....159
Tonsils, Enlarged.....390, 419
Tonsils, Enlarged.—A File for Clippings 487
Tonsils, Enlarged—Possibilities of Non-Operativ Treatment.....307
Tooth Extraction in a Woman Recently Delivered, Syncope Following.....427
Toxo-Absorbent Company.....323
Toy, A Dangerous.....344
Trachoma.....77, 121
Trachoma, Improvement in.....460
Trade Marks, Proprietaries and..464
(Trolley Blindness), Conjunctivitis Caused by Electrical Discharges.387
Typhoid Fever.....115
Typhoid Fever, Acetanilid as a Preventiv of Hemorrhage in...290
Typhoid, Arsenite of Copper in.15, 23
Typhoid Controversy, An Echo of the.....245
Typhoid Fever More Severely Than Blondes? Do Brunettes Have.....377
Typhoid, Objects to Coal-Tar Drugs in; In Defense of Osler..346
Typhoid Prevention..... 61
Typhoid, Reply by "H," Concerning.....151
Typhoid, Sensible Treatment of..291
Typhoid Fever, Some Suggestions on the Treatment of.....245
Typhoid Fever, The Treatment of. 16
Typhoid Fever, Thoughts on.....116
Tuberculosis, Central Florida for. 61
Tuberculosis? Do Gases From Certain Manufacturing Establishments Cure.....385
Tuberculosis Germs, Human and Bovine.....172
Tuberculosis, Incipient.....460
Tuberculosis in the Negro, Syphilis and.....292
Tuberculosis, The Monetary Loss by.....324
Tuberculosis, The Negro and.....199
Tuberculosis With Pleurisy, Probably.....217
Tuberculous Glands in Children..175
Tumor.....168

Page

Ulcer, Varicose.....210
Ulcers, Obstinate Leg.....397
Ulcers, Treatment for Leg.....421
Uncinariasis.....61, 222
Understanding, Let Us Have a Frank.....318
Urethra, Injury to Constricting Muscles of.....395
Urethra or Bladder, Pain in.....125
Urethral Caruncle.....392, 497
Urethral Irritation.....221, 249
Urethral Mucous Membrane, Probably Beginning Prolapse of....462
Urethritis, With Stricture, Chronic Posterior.....320
Urticaria.....156, 161
Urticaria, Obstinate...131, 321, 378
Uterin Hemorrhage.....249

Vaccines in the Treatment of Disease.....156
Valedictory, Dr. Farish's.....381
Varicocele, Hypodermic Treatment of.....157
Varicocele, Non-Surgical Treatment of..... 64
Varicose Ulcer.....210
Varicose Veins Without Operation, Treatment of.....356
Vasectomy as a Means of Preventing Procreation..... 80
Venereal Diseases, Books on....179
Venereal Horror, The.....254
Ventilator, Barnes' Fetal.....253
Ventilator in Breech Presentation, The Use of Dr. Barnes' Fetal..162
Veratrum Locally, Aconite and..205
Vertebræ, Displaced.....379
Vertigo, Obstinate; Edema; Is It Pellagra?.....398
Vibration, Mechanical.....338
Vibrator, Experience With a....249
Vibratory Treatment.....193
Vienna Hospital Case, A.....162
Vitality and Endurance, Wonderful.....252
"Vitalized Phosfates".....166
Vitiligo.....427
Vitiligo; Dark Complexion.....395
Volvulus, With Report of a Case..373

Wasserman Test for Syphilis, The.360
Wasted Drugs and Bad Diagnosis. 24
Water by Electricity, Decomposition of.....359
Wens, New Way to Enucleate.... 62
Whooping Cough.....156
Widow? What Has Become of the 491
Winter Itch, Treatment for.....246
World, The December..... 71
Worms Complicating the Climacteric..... 35
Worms, Thymol for All Intestinal.122
Wrinkles, Removal of.....262
Wrist, Pain in.....167
Wrist, With Partial Recovery, Badly Lacerated.....262

Yellow Fever, Discovery of the Causes of Malarial and.....398
Yellow Fever Heroes.....178
Young M.D.'s Should "Look a Little Out," The.....250

Zygomatic Dislocations and Fractures..... 29

Book Reviews.....39, 84, 181, 226 273, 363, 431, 469, 508

Our Monthly Talk.....41, 87, 135 183, 230, 277, 326 364, 399, 433, 471, 509

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR per year, or FOUR YEARS for THREE DOLLARS; to Canada, ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS; to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII JANUARY, 1910 No. 1

A Plan of Systematic Reading for Doctors.

Very few doctors keep themselves really "posted up" with the latest developments in medicin, and this is particularly true of country doctors. The country physician is so often weary at night, and he prefers lounging about his office or home, if not busy in the evening with patients, to taking up the arduous work of systematic reading. Then, too, the less reading he does, the harder it becomes for him to take up a book, and too often in the end he drifts away from all medical literature. Such men seldom, if ever, purchase a new medical work; and if they do, they are apt to look thru it cursorily on its arrival, and then place it on the shelf for "future reference," but, alas, that time never comes, and the book, with its fellows, becomes dust covered and out of date. Such men, naturally, are the very ones who are most in need of steady, hard, systematic reading.

Our plan is simple and easily followed, and it will positivly place a man who follows it for a year on a much higher plane in medicin. Take the best and most modern work you have on any branch; medicin, surgery, obstetrics, therapeutics, pathology, hygiene, eye, skin diseases, or any other; place it on the corner of your desk or table, where you can place your hand on it without moving from your accustomed seat, and keep it right in that place always. One who does much practise will never pass a day when something will not be suggested to his mind upon which he is not well posted; something upon which in his inner consciousness he knows himself to be deficient when compared with the best of his fellows. It may be a chance word dropt by some other physician he meets in counsel; it may be a fleeting thought which has flasht across his mind as he rode his lonely rides; it might be some foolish question from some ignorant layman or an idle remark of a garrulous old woman; yet, to a thoughtful man, it points the way to a thoro study of the subject. When you come in at night, take up the volume and *read while resting*. Follow the subject up until you have read everything you have in your library bearing upon it. Search thru your other books to see if they have anything upon this subject. Take up your medical journals and go thru them to see if they have anything upon the subject you *have determined shall interest you until you are thoroly posted on it.* If you are a really busy man, you may only have opportunity to read a few lines, or a part of a page, till you will be interrupted; but if the book is laid down in its accustomed place at the point most convenient to your ordinary place in your office, it may be taken up instantly and easily when you next have a moment's leisure. No practician of medicin is *always* busy; the

Digitized by Google

busiest of us have "slack days" or idle hours, especially in the winter season, and it is the waste of these unfilled spaces which will certainly make an idle waste of our medical mind unless we urge ourselves to some method of systematic reading.

If you have no late works, resolve immediately to get at least *one* on some one of the branches. Read and reread it until you feel that you know all of that subject that the author can teach you by reading after him. Then get another book on a different branch, and follow it out in the same manner. If you have an abundance of late works unread, take up any of them. If you have permitted your mentality to become so sluggish and "rusty" that absolutely no thought is presented you in the course of a day's work, take up the book and run thru the index. Very soon you will note a subject that you possibly do not understand, perhaps a name that is not at all familiar to you, maybe a drug of which you do not know the dose or use, possibly a special form of treatment you do not know how to apply; master it or begin to master it right then, and never let up, except for necessary interruptions, until you are perfectly satisfied with your information on that particular point. Then take up another. Soon your systematic reading will be found to be a pleasure, with all the arduousness abolisht. Soon you will learn that mental effort of this kind actually rests you when mentally weary with efforts of another kind or when physically tired. Soon you will appreciate the fact that you have mysteriously (?) gained more confidence and self-reliance, and you will know that you are more of a man and a better doctor.

Obesity, Its Causes and Rational Treatment.

Those who are very obese frequently consult their local physician with a desire to ascertain his opinion of some advertised nostrum, and, rarely, to know if he will himself undertake to reduce their weight, and by what plan or method. As a rule, the physician, in the case first mentioned, is not able to condemn the vaunted nostrum on account of its constituents, because he rarely knows the composition of the "remedy" (?). In the second case, he generally has nothing to offer except the rigid dietaries of Oertel or Banting, which quite generally suffice to frighten away the average patient. Our modern knowledge of scientific data concerning obesity should equip us to handle such patients in a more satisfactory manner. If we do not know the constituents of any nostrum inquired about, we should be able to state positivly that obesity is never in itself a disease, and that it cannot therefore require drugs directed solely to its treatment, while such compounds commonly claim to be some mysterious drug or combination of drugs possessing power to reduce flesh while the patient follows his ordinary habits of life. Needless to say, no drug is known to anybody which possesses this power without danger of deleterious action upon some of the functions of the body. It is, however, generally necessary to be able to explain this in detail to the patient, and to be able to do it in a clear-cut and convincing manner, which can never be assumed unless one actually has at his command a knowledge of the digestiv, nutritiv, and eliminativ functions. If you know yourself to be weak on these points, do not attempt to "bluff" an inquiring patient, for they are quick to detect that you are "talking about something you know nothing about," and instantly lose all confidence in what you say when you are on the firmer ground encompassing your actual knowledge and experience. One should be able to recommend, in a manner to carry conviction, something less formidable than the Oertel or Banting system read from a book in the patient's presence. Even if you deem one of these systems the best for the patient, learn to present it less formidably. When one is able to glide over the requirements easily, as if from repeated experience, it inspires the patient with the belief that you have prescribed it to others frequently, and they unconsciously reflect that if others have stood it, they can.

Obesity, then, is a symptom of (1) overnutrition, or plainly speaking, overeating; or (2) imperfect oxidation; or (3) of a combination of both. In overnutrition, the fat is stored in the tissues least subject to muscular activity, as in the abdominal wall, buttocks, or the subcutaneous tissues generally; and, of course, this evident fact makes plain one of the means we must take to banish it—exercise of such tissues, thru either activ or massiv motion. Heredity has markt influence in fat-forming tendency. Too sedentary a life retards or hinders a perfect oxidation of even a permissible amount of food, while, of course, the condition is aggravated when an excessiv amount is habitually ingested, the plethora being continually augmented without being

Digitized by Google

given opportunity to oxidize and acquire a normal balance. Fat is a lower grade tissue than is muscle, requiring less blood nourishment than muscular or nervous tissue, and thus by its presence proclaiming to the thoughtful physician that a condition of faulty nutrition exists. Not alone does undue fat stand as evidence of lowered nutritiv tone, but its presence exerts a pronounced mental or psychological change in that the subject develops a distaste for exercise formerly enjoyed, and is also less capable physically for exercise because of the earlier exhaustion following exertion.

Local deposits of fat, as noted in pendulous abdomen, double chin, enlarged girth, ponderous breasts in women, and about the buttocks, are not dangerous, as a rule, even tho involving the mesentery and omentum. Such deposits are seldom found about the heart unless associated with general obesity. Nevertheless, they are quite often a source of chagrin and anxiety to their possessor. They are amenable to much the same treatment as general obesity, yielding, however, in many instances to strictly local treatment. Such cases are more satisfactory, because easier cured, than are those of general obesity.

Before accepting any patient for treatment for obesity, the careful physician will make a thoro and minute physical examination to satisfy himself that the patient is physically able to endure the strenuous style of therapeutics necessary to a cure. Complications which might become aggravated in serious manner must be excluded, or treatment refused, if the physician would add to his reputation instead of detracting from it. One of the most important considerations is the condition of the heart, since it will be taxt severely in the treatment; if it is hypertrophied, as is often noted in such conditions as arteriosclerosis and emphysema, one will be certain that hard exercise will endanger dilatation and insufficiency. The pulse must be examined carefully, before and after exercise, sitting, standing, lying down, etc. The blood should be counted, to exclude anemia if it seems probable that such exists. The chest must be examined thoroly to exclude bronchitis, which might develop into pulmonary complication under labored breathing and open-air work. Even with such complications, the good judgment of the physician comes into play in estimating the extent and severity, for many lighter degrees of such troubles quickly disappear under judicious treatment for fat reduction. Frequently a chronic bronchitis disappears with the reduction of fat, since a better pulmonary circulation is encouraged, and the patient breathes deeper as the fatty obstruction disappears, so that the case is cured as the obesity vanishes. Slight circulatory disturbances, too, give good results, while even in advanced cases great benefit is obtainable by very cautious application of the exercises. Only those cases where it is manifestly impossible for the heart to have its functional activity restored should be refused. The circulatory system furnishes the criterion permitting or denying treatment, but it must be wisely examined and intelligently interpreted.

Von Noorden declares atrophic nephritis an *indication* for institution of treatment for obesity, since the fat in itself is a part of the menace to the patient's life. The presence of diabetes is a signal for caution. In mild obesity the treatment had better not be instituted. But if the fat is excessiv, and heart symptoms be present which seem referable to the presence of the fat, one may proceed cautiously, since we know our patient will be better if we can relieve the heart of the strain.

After instituting treatment, this criterion is still the test. If a patient quickly become breathless; has palpitation of the heart; or irregular heart action; or if the pulse becomes "thready" or extreme, Anders declares the "outlook is gloomy." Conversely, if the pulse remain strong and regular during and after exercise; if the color is good, and perspiration profuse, the patient will do well, and a cure may be promist.

One must consider the age and state of nutrition of the patient, not only in instituting treatment, but in continuing it. A young and vigorous patient will take treatment for five weeks continuously, with benefit; in those advanced in age and with failing vital powers, such treatment would cause rapid loss of strength and accelerate decay, with proportionate loss of functional activity and certainty of cardiac failure.

Reduction of fat may be made slowly, moderately, or rapidly, as the condition of the patient warrants and the physician determines. In the first case, two or three pounds a month would be satisfactory; in the second, one might run it at five to ten pounds a month; in the third, as much as thirty pounds a month may be taken, but five weeks would be long enuf to continue

Digitized by Google

it at one time. In the interval between treatments, one endeavors to hold the patient's weight stationary. In the first degree, alcohol, fat, starch, and sugars are excluded from the diet; the caloric content is kept as low as possible; and the patient is instructed to take any kind of systematic, regular, activ physical exercise. In the second degree, the diet is more strict, and the exercises specifically ordered. In the third degree, reliance is placed upon violent and protracted exercise and profuse consequent perspiration, and abstinence from liquid to as great a degree as possible.

Diet, exercise, and drug therapy are the three lines of treatment followed in fat reduction. In the first degree, the caloric value of the food is reduced to four-fifths; in the second to three-fifths; and in the third to two-fifths. Fruits, lean meats, cheese, buttermilk, milk, all vegetables except those growing underground or which have a pod, and bread, furnish the articles of diet. Bananas, figs, sweet grapes, dates, and raisins are excluded from the permissible fruits, on account of their sugar content. The intake of liquids is limited in all of the degrees, more rigidly in the second and third.

The exercise is begun cautiously, and the dosage increast as fast as the patient seems able to tolerate it. Golf and walking are examples of the milder forms of exercise, while the more arduous types will be found illustrated in any work on massage or gymnastics. Walking is the most flexible of all exercises, as it may be made increasingly arduous by gradually steepening the grade of ascent, as in mountain climbing. Massage seems of no avail, except to remove soreness from the muscles after exercise.

Practically the only drug of value in treating obesity is the extract of the thyroid gland, given in doses of two to five grains, three times a day. It must be stopt promptly if weakness or cardiac distress appear.

Any physician who will study his patient's physical condition carefully, and maintain control of his habits of life and diet as outlined above, can absolutely and successfully attempt curing obesity. It can be done in safety and certainty, if the physician has prepared himself to understand food values, and to make a competent physical examination and interpret the findings correctly. It should be done where a patient is determined to resort to some treatment for relief, either thru motivs of vanity or because his fat is really a burden to him, rather than to let him drift into the clutches of the unscientific and irresponsible quack. The Germans have humorously divided "fatness" into three divisions: (1) enviable—a pleasing plumpness; (2) comical—the Falstaffian type; (3) pitiable—the unwieldy and disgusting bulk.

Business Talks to Doctors.

Doctor, did you get those collection letters off during December? If not, you missed an opportunity. During recent years all the collection agencies that you have been hearing about have built up a large business and made large profits, just on a set of collection letters somewhat similar to the letters suggested to you in this department last month. Of course not exactly similar, for those I got up for you last month were for your use during December. But every collection concern has its set of letters, and it sends out one letter after another until the collection is made, or the set (usually about six) is exhausted. You can do this for yourself, as I showed you last month, and at much less cost and at no risk of loss thru a dishonest company.

If you allowed the opportunity of last month to slip by unused, you should now get your books in shape, and send out all your bills for last year; and if you think it well to send a printed note with them, I suggest something about like the following:

Mr. ——:

DEAR SIR:—The year 1909 came to a close, and another year has begun, without our having reacht a settlement for last year. Perhaps we were both a little to blame. I am now sending out statements in full up to the beginning of the new year to all my patrons. You will find your statement inclosed. I would appreciate your immediate attention to the same, as I want to get all matters of last year settled up, and doubtless you do too. If you should not have the cash at present, please call any way, for we can settle by note if not by cash, and then I can close my books.

Hoping that you and your family may have a year of health and prosperity, I am,

Very sincerely yours, ——, M.D.

Please realize the importance of changing your accounts to the form of promissory notes if you can't get the cash. Get a book of printed blanks for promissory notes, so you will always have them ready. Notes are much more easily collected than accounts. Make the notes payable, at maturity, at the local bank. Then a week or two before maturity leave the note or notes at the bank for collection. The bank will send

Digitized by Google

a notice to the maker of the note, and when paid the bank will pass the amount to your credit. Thus your bank account will grow without your further personal attention to matters such as these. Those who are "good business men" please do not smile and say "This is the way we always do," for there are many who *do not* do this way, and many have never learned how. I am trying to help those who need help—and they are legion in the medical profession.

If you should ever want any more suggestions concerning collection letters, please say so, and I will work the matter up in further detail; otherwise I will conclude that it is not necessary.

Now, concerning investments: Here is a statement from a W. Va. brother which is full of interest:

HOW I LOST MONEY IN INVESTMENTS.

In a personal letter to the Editor accompanying another article to THE MEDICAL WORLD I promist to tell of my losses from investments.

These losses overlap each other and cover a period of about seven years.

Beginning with the largest loss first: Our little village of less than a thousand is ambitious; and in order to give it a proper boost, a Bank and a Developing Company were organized in 1902. The Developing Company had for its purposes many and divers objects, as were duly set forth in the Charter issued by our Secretary of State. Of its $25,000 capital stock, about $9,000 was subscribed, of which I had $500. The Bank needing a room, a building was the first thing projected. There being no brick manufactured in the town, it was decided to manufacture them; and a location of three acres was bought and a complete brickmaking plant installed. Of our numerous superintendents, who would leave us at critical periods, and our other troubles, I shall not speak. If any of the WORLD readers wish to embark in the brickmaking business, I have no doubt but that a plant can be bought thru the receiver of the company cheap. In the course of time the bricks were made, tho they were of inferior quality and cost about double what we could have bought them for.

Our building, which is of three stories, comprising a bank, lodge and office rooms, and a completely equipt opera house seating 600, was finally completed at a cost of about $18,000, tho we had to buy some brick before it was com pleted, is the largest one in the town and a splendid monument to those who lost the money. During its erection I took two more shares at $25 each on doctor bills, paying some cash difference. In order to complete the building a bond issue was voted, of which I took $500. Visions of the failure of the company began to loom up, and a frenzied finance deal became necessary, and another company was formed to buy up the outstanding claims against the Developing Company and to bid in the property when it should be sold. Of this company I subscribed $175 stock, making a total of $1,255 invested, and beside I was one of eight indorsers on a $5,000 note in a bank. I finally exchanged my holdings for a lot by the side of the building, paying an additional $500 and securing my release from the indorsement of the $5,000 note. The lot I sold within less than six months for $800, recovering $300 of the loss.

A $1,000 worth of stock in the Bank did not pay dividends for several years, but is improving now with better prospects in view. In the meantime our village has been making a rapid growth, and my other holdings have increast in value, so maybe the loss was not in vain. At any rate, I know how the money was spent, as most of it was paid out to home people.

Soon after I graduated our County Medical Society decided to build a hospital, to which I subscribed $200 in stock, and from which I received $100 when the building was sold, a few years later, to a charitable organization.

A drug company's representativ secured my subscription for $100 and paid a 4 per cent. dividend once, moved to Baltimore, and finally passed out of existence without the formality of a receiver or a farewell word, tho I bought drugs of them and discounted my bills promptly to help the cause along.

Our county seat was booming, and is yet, so I subscribed to $100 worth of stock in an industrial company there, which I sold after a few years at par, losing interest on the investment for the time it was in.

Fifty dollars stock in the local gas company supplying a neighboring village and competing with one of the big companies was sold out at par, losing some more interest. This company is now paying 4 per cent. monthly, but you must remember that as the natural gas supply will give out in the course of time, you must earn your original investment back as well as pay dividends, and I know of nothing more useless than a 2,500-foot hole in the ground, unless it is to whisper your secrets into as did the barber of ancient times.

My mining investments have been confined to The Little Mattie, in which I have $50. Dr. Abbott, of Chicago, is president of this mine, which I visited five years ago at Idaho Springs, Col. It is a real mine, an old one, and not altogether a prospect. While it has paid nothing as yet I have hopes.

Summed up, my direct losses, not counting interest, amount to $1,475. Of the other and bigger side of the ledger I shall not at this time speak, except to say that I have found my stock in four different banks satisfactory; tho but one pays over 6 per cent., all of the earnings above that being placed in the surplus fund and giving the stock a higher selling value.

Have any of the readers any acquaintance with the stocks of the Munsey, Everybody's, Hampton's, or Pearson's Magazine Publishing Companies?

I have one share of stock in the Butterick Publishing Company, par value $100, cost me $50 and has paid from 4 to 8 per cent. on the investment except during the late financial depression when it missed several dividends and could have been bought in the market as low as about $25. The magazine is sent to their stockholders, which is equivalent to another per cent.

I have learned never to embark in any business unless I am familiar with it, and never to start any manufacturing plant unless I have the funds to put in all the machinery necessary to

Digitized by Google

enable me to manufacture as cheap as any other firm making the same class of goods. Remember, man power is expensiv and cannot compete with machinery.

Owing to the personal nature of this communication, I will just sign it, X.

Here is an interesting financial record of a local doctor. Let us have more of them. This brother has been enterprising, particularly in local enterprises. One thing stands out clearly, and it is what I have mentioned to you several times before; and that is, that local bank stock is usually a satisfactory investment. Of course you have to discriminate; you should know that the leading men are solid, safe, and responsible men, and that the field for the bank is sufficient. Under these conditions, local bank stock is nearly always safe and profitable. By "profitable" I do not mean that $100 or so will bring in sufficient income to live on *à la* fake investments that we so frequently read about; but I mean that it will bring in a reasonable interest (dividend), and that it is likely to steadily advance in value. However, new banks do not usually pay dividends during the first several years; but this apparent loss of interest is usually more than made up in later years.

As a rule, I would not advise investment in magazine stock. It has nothing like the permanency of bank stock. Magazine conditions may, and do, change rapidly.

A North Carolina brother makes the following interesting remarks:

I enjoy THE WORLD greatly, and have saved by its timely warnings, altho I never had any desire to bite at artificial bait but once, and that was in the Comstock Col. agency. Did not lose anything in that, but had some awfully mad patrons. What little surplus I have, my friends and neighbors are glad to use and secure by good mortgages; and with that and the rent I get from six good houses pays all my expenses of life insurance for $12,500, property insurance of $8,000, and tax on all my property, and more than $200 over and above all. All this has been accomplisht in less than fifteen years, by economy and definit forethought. I came to this place to practise twenty years ago nearly $1,000 in debt for last of medical education and outfit; and, of course, I have pusht things and tried to obey all orders or calls and whims, and consequently had a good practise. But the greatest secret of success is in the selection of a true helpmate. I would say for the benefit of the young M.D., be careful and try to select brains and you are already blest. I did not get a dollar of this by marriage, but I got a *wife*.

Yes, a wife can be the best of a man's lot here on earth—or the worst. Is it judgment, luck, or fate? Who knows?

You doubtless remember the Sacramento Valley Improvement Company (home office, St. Louis), of flame Tokay grape fame. Their plan was to sell grape land at $300 per acre, they to set out the grapes, and market the product on commission. I advised our people not to go into the grape-raising business by proxy. Now they are pushing a plan of selling eucalyptus land at $200 per acre, they to set out and tend the trees, and in ten years to market the product on commission if desired. They send out pamphlets of absorbing interest on the subject. After receiving a number of letters from them, and inquiries from doctors, I finally wrote them as follows:

PHILADELPHIA, December 6, 1909.

Sacramento Valley Improvement Company, 1001 Ligett Building, St. Louis, Mo.:

GENTLEMEN:—Your several letters have come to my office, but previously your local agent here had given me a number of your eucalyptus pamphlets. I had received some of these before, and found them very interesting. Your agent requested me to give all the literature a careful reading, which I did, and I found it entrancingly interesting and attractive. However, there is one important point that you did not touch upon, and that is this: What provision have you, if any, for the return of money, or some fair and just adjustment of affairs in the event of any one of your subscribers becoming unable, thru death or other calamity, to continue his payments?

Suppose a man continues his payments, say, for six or eight months, and then is compelled to quit and is unable to transfer his contract and equity to some one else: what will happen? You do not begin planting the trees until ten payments are made; and if this brother should be unable to continue his payments after six or eight months, you have not been injured nor discommoded. In that event do you return to him, or to his family (in case of his death), the money that he has paid in? Or, suppose he has paid regularly for twenty or twenty-five months, or forty or fifty months, or seventy-five or eighty months, and then a calamity overtakes him rendering it impossible for him to continue his payments the full one hundred months: What happens? Does he lose all that he has put in, and do you gain it?

I ask these questions because they are very pertinent, and should be satisfactorily covered before any one should begin a program of paying money over to any firm every month for a period of one hundred months. It is something like an insurance—and the laws compel insurance companies to make some sort of equitable arrangement with those who insure but whose policies lapse after a time. The only thing touching this side of the business arrangement that you propose and urge, that I have seen in all your literature, is a small printed order-blank to be filled and signed; and none of the above problems are even referred to. I suppose you have more complete blanks that are formally filled out when a contract is actually entered into; and I suppose that these blanks deal with the above vital and important questions. Will you kindly send me one, or a set of such blanks, if you have them? It may be that many prospectiv patrons

Digitized by Google

of yours would not think of the above-mentioned factors; but let me assure you that any careful business man would not only think of them, but will insist upon their satisfactory adjustment, before beginning a series of one hundred monthly payments. Life, you know, is uncertain; and health and fortune are even more so; so one should guard them in any transaction—particularly one which is to cover so long a period as one hundred months.

Awaiting a prompt, full, and frank reply, I am,
Very sincerely yours, C. F. TAYLOR.

The following reply promptly came:

ST. LOUIS, MO., December 9, 1909.

Dr. C. F. Taylor, Philadelphia, Pa.:

DEAR SIR:—I am in receipt of your favor of the 6th inst., and am very glad indeed to notice that you are interested in our eucalyptus investment.

The matter which you mention has been taken care of in our contract, the following provision being inserted in every contract:

"In case of death the company will release the purchaser's estate from all further payments, receiving payment of any unpaid balance with 6 per cent. interest out of the sale of the timber when marketed, delivering deed for the land to the purchaser's legal representativ, without further cost."

There is no Default Clause. We have left it out entirely. It is unnecessary. We have found that purchasers invariably make their contract payments as rapidly as their circumstances permit.

You will accordingly see that every possible provision has been made for the protection of the investor. We do not desire to profit thru the misfortune of any one; on the contrary we are desirous that our investors shall profit thru their association with this company, and everything possible looking to this end has been done.

Trusting that you will decide to become interested with us, we are, Yours truly,

CHAS. F. HAANEL,
President.

This is a very nice letter. It apparently meets the problems presented, but only apparently. When payments stop because of death, the provision seems fair enuf, but the lapse problem is left entirely open, and there is a very great danger to many. Out of 1,000 persons who agree to pay $5 or $10 per month for 100 months, how many do you suppose will keep up regularly to the end? Many will fall by the wayside. for many reasons; and here is a large equity that should be adjusted with justice to all concerned before the contract is begun. I would not think of going into such an arrangement without a proper adjustment and, of course, could not advise my readers to do so. The installment plan of purchasing is a bad plan, any way; unless each payment gives a clear title to some definit object or some definit. detachable part of an object. When default in payments jeopardizes past payments, better not pay at all until you have saved enuf money to make an outright purchase; then you will *have* something.

Suppose a company or firm has 1,000, or 3.000, or 5,000, or 10,000 persons under contract to pay a stated amount every month for 100 months; the gain from the delinquents would make a handsome profit, if the interests from the delinquents are not carefully guarded. Vast fortunes have been made from delinquents in various installment payment schemes.

There is something in the average human mind that the installment plan of payments appeals to. It seems so easy to do in the future what you can't do to-day! And this tendency to mortgage the future is far too general—and this is one of the weaknesses of humanity that is frequently taken advantage of. It is easy to say, "Yes; I can pay so much every week or month until the article is paid for, and in the meantime I will be having the use of it." But far too often the article is lost, with all the payments that may have been made upon it; and when the payments are made regularly to the end, and you own the article, you will find that you have paid an abnormally high price for it. Avoid the installment plan. It is expensiv and hazardous. It appeals mostly to unripe minds. It is better to save your cash, and when you buy, buy outright and get the best cash discount, and avoid the danger of losing your purchase and a large part of your cash, too. The installment plan is bad policy, bad business, and bad judgment.

Enteronol.

I have before mentioned "enteronol," a diarrhea mixture (tablet) that hails from Oswego, N. Y. (remembered by many as the former home of the Comstock collection concern). I did not think that the ridiculous claims of the Enteronol Company would appeal to a sufficient number of people, particularly physicians, to make the promotion successful; but the persistent sending of the circulars to doctors, with persistent efforts to sell stock to doctors, indicates—well, it isn't a compliment to the intelligence of the profession. I can best reply to inquiries by quoting the following exposé from the *Jour. A. M. A.* for November 20th:

ENTERONOL.

AN INVITATION TO THE JOURNAL TO HUMBUG THE PROFESSION.

The Journal has received a circular letter from the Enteronol Company, in which the following liberal offer is made:

"We are willing to take one-fourth or one-half page 'ad' in your journal for a year at the regular rate, on condi-

Digitized by Google

tion that you accept payment therefor in our GUARANTEED 7 per cent. preferred stock at par; or if you desire, in ENTERONOL at the net wholesale price to physicians."

Not that this offer is made exclusivly to *The Journal:*

"A large number of medical journals have accepted the foregoing proposition; many carrying this advertising for several years already."

"Our company is co-operativ; we paying no cash for advertising. The company is owned principally by physicians, medical journals, and druggists."

The journals of which we have record that carry the enteronol advertisement are: Kansas City *Medical Record*, Milwaukee *Medical Journal*, Toledo *Medical and Surgical Reporter, Proctologist, Pediatrics*, and the Atlanta *Journal-Record of Medicin*. If the statements made by the Enteronol Company are true, we might infer that these journals are being paid for advertising space either with "preferred stock" or with the nostrum itself. As we have previously shown, however, the veracity of the enteronol advertising matter is by no means unimpeachable.

Enteronol, it will be remembered, was exposed in *The Journal*, March 21, 1908. It is advertised as the "greatest antiseptic and germicide known to science," and possesses (?) such remarkable power that it "destroys the germs of typhoid fever, acute and chronic diarrhea, dysentery, cholera infantum, cholera morbus, summer complaint, Asiatic cholera, etc., within two hours." "The original product is found only high up on the sides of the loftiest mountains in the world—the Himalayas of India."

The "Literature" Formula.

Of course it has a "formula":

Ipecac	Lupulin
Sub. nit. bismuth	Caffein
Latalia rad.	Rheum
Camphor	

This seems very open and above board, except as to quantities, until one tries to find out what "latalia rad." is; then it is discovered that it is the "mysterious stranger" of pharmacognosy. Experts to whom this "remedy" was submitted were unable even to find mention of such a drug or plant as "latalia rad." Nor was this the only fake found concerning the stuff; carefully conducted experiments repeatedly carried out in the Association's laboratory failed to disclose even a trace of bismuth subnitrate or caffein. These experiments did show, however, that the tablets contained an amount of aluminum corresponding to over 25 per cent. of crystallized alum. This led to the conclusion that alum, whose presence is not even hinted at in the "formula," is the chief constituent of enteronol and as a corollary that the formula is meaningless and worthless.

The Label Formula.

There is a curious lack of co-ordination between the "formula" as printed on the label and that given in the "literature." The Food and Drugs Act, it will be remembered, makes lying on the label illegal, and therefore dangerous; statements in advertising matter that does not accompany the product, however, are not controlled by that law. The "formula" in the "literature" we have already given; the "formula" on the label gives the following ingredients:

Ipecac	Lupulin
Sub. nit. bismuth	Caffein
Opium, 1/4 gr.	Rheum
Camphor	

Two things about this are worth noting: One is that the name of the ingredient on which the manufacturer lays so much stress—latalia rad., the mysterious Himalayan plant—is absent from the label. This would seem to indicate that what has already been intimated by *The Journal*—namely, that latalia rad. is a figment of the imagination—is a fact. The second noticeable thing about the label "formula," as distinct from the "formula" in the advertising matter, is that on the label we find there is opium in the preparation. Why is no mention made of the presence of this potent drug in the advertising matter?

To determine how nearly the present statements made by the Enteronol Company approximate truthfulness, our chemists were askt to examin the nostrum as it is now sold. Their report follows:

Laboratory Findings.

"An original package of enteronol tablets was purchast on the open market and submitted to the Association laboratory for examination. In general appearance, odor, and taste the new tablets are similar to those previously examined. The formula for the old tablets was given as 'Ipecac, sub. nit. bismuth, latalia rad., camphor, lupulin, caffein, rheum, and is still used in the circulars. But the label on the trade package no longer mentions 'latalia rad.' Since the presence of 'latalia rad.' in the old tablets was questioned, and as new labels have ceast to display the name, it was thought possible that caffein and bismuth might now be constituents of enteronol, as the drugs are still mentioned in the new formula on the label. Accordingly, enteronol was examined chemically to verify the statements on the label regarding the presence of caffein and bismuth in the tablets.

"The specimen submitted to the laboratory some time ago was found to contain neither bismuth nor caffein. By employing the same methods as were used before (the usual tests for detecting caffein and bismuth), neither caffein nor bismuth could be demonstrated. It is thus evident that this new specimen of enteronol, the statement on the label to the contrary notwithstanding, contains neither bismuth nor caffein—at least, in appreciable quantities."

One would think that the discrepancy between "formulas" and facts would prove of interest to the stockholders of the Enteronol Company, especially as we are told that the policy of the company is to have "practical men as stockholders." We are informed:

"Therefore, we have physicians, advertising experts, printers, publishers, engravers, boxmakers, lithografers, druggists, lawyers, traveling salesmen, officers, and men holding executiv positions in various manufacturing and commercial corporations, editors of medical publications, bishops, clergymen, and missionaries—men from all the fields particularly valuable commercially for our great enterprise."

Yet if the physician-stockholders do not care to concern themselves about the composition of the nostrum from the sale of which they derive dividends, it can hardly be expected that the boxmakers or traveling salesmen will be interested.

Stock for Sale.

Medical journals are not alone in being invited to participate in the exploitations of this nostrum, *vide* a circular letter from the Enteronol Company addrest "To Investors":

"We offer at par of $10 each, 1,000 shares of our Guaranteed 7 per cent. Preferred Stock, cumulativ dividends, payable quarterly . . . Profits on business done last year were 54 cents for every dollar expended . . . *We guarantee absolute security for your investment. Safer than a bank.*" [Italics ours.—ED.]

We are told that at present the Enteronol Company manufactures two products: a castor-oil preparation, known as fig-ol, and enteronol. Very shortly, however, the company expects to "add seven equally efficient products."

"The average cost to manufacture, ready to ship, a dollar's worth of these goods is less than ten cents."

"In enteronol alone, the company has fortunes and the only thing needed to bring tremendous results and dividends of 100 per cent. is the proper amount of judicious advertising."

Here are some samples of the judicious (?) advertising:

"One Christian missionary, the Rev. Paul Singh, of Jubbulpore, India, testifies that he cured thirteen severe cases of Asiatic cholera with a box containing less than thirty tablets" [of enteronol].

"William F. Oldham, Bishop of Southern Asia, writes us that enteronol cured nine cases out of ten of Asiatic cholera. Now just think of India and China with their 800,000,000 people who are dying by the thousands of a disease which we have the power to cure so easily."

How like a discourse by that delightful character of Mark Twain's, the visionary Colonel Sellers, this reads. As he said about his "Infallible, Imperial, Oriental Optic Liniment":

"Why in the Oriental countries . . . every square mile of ground upholds its thousands on thousands of struggling, human creatures—and every separate and individual devil of them's got the ophthalmia."

The prospectiv stockholder is told that an ordinary business concern reaches the limit of financial possibilities in a few years, but:

"Not so with the Enteronol Company—it is a mail-order business and the world is its territory."

Even so with Colonel Seller's "Optic Liniment":

" . . . it's a patent medicin whose field of operations is the solid earth."

And we are told elsewhere that "about four-fifths of the outstanding stock is held by the medical profession alone"!

And this stuff is advertised in medical journals!

We are sometimes in danger of being too optimistic regarding the results of the propaganda for reform in proprietary medicins. Cases like this act as a correctiv.

❦ ❦ ❦

Here is a pointer, and I regard it quite a compliment to me, tho he writes it as a plain statement of fact, without any effort at praise or compliment. Dr. George M. Leeson, now of Varney, Ont., Canada, writes:

Digitized by Google

While I was in practise in Indiana I followed your advice. I invested in land, not in mines, etc., and am at ease now.

My efforts have been to so guide the medical profession in the care of their earnings that they may finally be "at ease." We are glad that one brother, at least, can report himself as being in that satisfactory condition. We hope that many others can and will make a similar report.

A brother in New York State writes:

It is my experience that the safest place for money is in real estate, which is producing either in the city, large growing towns, or country. There is no better place than in a farm rightly bought. If I had my life to live over again I would invest all my surplus in good farm property. In this class of investments the property is yours to *control, improve,* and to be *interested* in, at the same time your principal is safe, and in addition you have a good rate of interest. Next to this kind of an investment I regard the best and safest place for money in owning a first mortgage on farm property in your immediate vicinity, where you know the character of the soil and its reputation as a producer of crops. The interest on the money may not be more than 5 per cent. but it is absolutely safe, which after all is the greatest consideration.

A Texas institution (or doctor, as the name of only one doctor appears) is trying the well-exposed Christian Hospital plan. Here is the first paragraf of a circular recently sent out by this doctor, who certainly cannot have sufficient standing in Texas to command any following:

SPECIAL OFFER.

We want a thousand doctors on our staff before the 1st of January, and to get them we are offering any one of our special courses of home reading absolutely free of charge to each doctor who sends us $10 for a staff membership certificate. We will also place your name on the special Roll of Honor in the new Memorial Parlor of Hospital and send you a certificate under seal of the institution that your name has been placed there. You can use this certificate alone so as to make you many hundred dollars. Your patients will at once consider that you are above the ordinary physician.

The whole plan is rotten all the way thru. The above is sufficient to indicate what the whole plan is.

* * *

A South Dakota brother asks about United Wireless, and what I think of their preferred stock at $37.50 per share. I did not know they were asking such a high price for it. He has not been reading the Business Talks carefully, or he would not ask such a question. In order to test the real value of this stock, let him try to *sell* one or a few shares back to the company and see what he can get—see if he can sell it back to the company at all. Read up past Talks.

Inquiries come concerning the wireless telefone. My advice is, don't invest in it.

The passion to start insurance companies continues. From the circulars the promoters send out, one would think it is only necessary to secure a charter for an insurance company, and then sit down and enjoy all the luxuries of life ever after. Some of the mining promoters have evidently thought that the mining game was pretty well played out, and have found the insurance field a good substitute.

Is it necessary to give space to inquiries concerning mining propositions after all that we have said in the past? An Illinois brother writes:

A gentleman is at present with us attempting to sell shares in the ——— & ——— Mining and Reduction Company. He is a brilliant man and impresses me very favorably, but your Talks to Doctors make me suspicious. Please investigate, and thru your journal let us either make for him 25,000 brilliant helpers, or the same number of sleuths who will hunt him to his hole.

They are always "brilliant" men, and they always make a "good impression." And perhaps these detail men are themselves honest. Perhaps, as a rule, they believe in the propositions that they present. But they are not responsible for the money that you put in, nor is anybody else except *yourself.* You take the responsibility, and you bear the loss. Remember that.

Rawhide, Nev., is a famous (infamous, I fear) mining place. Dr. E. Gray, of that place, writes:

Keep on warning the profession from investing in mining stocks, for the poor suckers have about as much chance to even get their money back as the proverbial snowball in hades; and if it will do any good, I will give a few reasons why.

Yes, Doctor, give us the reasons.

* * *

Now, I know that this Talk has grown rather long, but there is one thing more I want to give you. The Phila. *North American* has quit accepting doubtful financial advertising; and in its issue for November 23d appears quite a notable editorial. Most of the things there said are not new to you, but the editorial is a good review of the entire subject of doubtful investments. I will put it in small type, in order not to take too much space. Get younger eyes to do the reading if the type is too small for your eyes:

LOOK OUT, MR. INVESTOR!

There never is lack of shrewd players upon that absurd tho pathetic phase of credulity which causes most people to be persuaded, at some time during their lives, by

smooth words and large promises, that they can obtain much in exchange for very little, without toil or risk.

Only three years ago it was mining stocks that were to make every one rich. There had been real discoveries of large and valuable ore deposits in Alaska, Canada, and the United States. Some poor prospectors had become millionaires in a month. Legitimate investments by large capitalists in properties which their experts had investigated returned big dividends. There were and are good mines in the Yukon, the Cobalt and the Tonopah, Goldfield and Bullfrog regions.

These limited few were made the basis of a gigantic campaign appealing to the "get-rich-quick" instinct. Men in Chicago, Boston, and New York, who never had seen a mine, bought a worthless piece of rocky soil or an abandoned hole in the ground somewhere in the same county where there was a real mine. Millions of neatly engraved certificates of stock were run off the presses, expensiv page advertisements in the country's leading newspapers were paid for, and column after column of glittering promises of fortunes to be made drew hard-earned money from the pockets of millions of people in moderate circumstances, of which they never again will see a penny.

In that matter the *North American* was not sinless. The early advertisements were plausibly worded. In view of real discoveries, their offerings were not absurdities. But after we had printed some of them, and more and more came seeking publicity, with more and more Aladdin-like promises, we instituted an investigation, which resulted in our canceling every contract, rejecting every new one submitted, and denouncing the entire swindling campaign.

This story of the fleecing of the people by the mine swindlers, with the aid of conscienceless newspapers, was only a repetition, in substantially all details, of the schemes workt after the real and rich discoveries of oil in Texas, Kansas, Oklahoma, and California.

Still earlier were the town lot booms in the West and South. Some were legitimate and, after severe suffering due to the crazy speculation, recovered and began a sound, natural, legitimate growth. Examples of these are the thriving cities of Seattle, Los Angeles, and Birmingham. But for each of these there were a score, flamingly advertised as future metropolises, where the rotting stakes still mark avenues and boulevards in cornfields miles away from the dead and squalid cross-roads town—acre land once more, but which then sold at front foot prices equal to those obtainable for centrally situated property in this city of 1,500,000 people. Middlesboro, where $20,000,000 of English money was sunk, the Three Rivers, of which Tom Lawson appropriately enuf was the presiding genius, were types of such boom towns. But the western prairies and the southern hills are dotted with their like.

The latest example of this long-pedigreed plan to extract small sums from a host of people by promises, that while deceptiv are kept skillfully on the safe side of the law, is the extensiv sale of farm lands. Some of these tracts offered on easy terms at cheap prices per acre are in California, some in southern Texas, a few in Georgia near the Florida line; most of them, however, in Florida.

Some of these suspiciously generous and benevolent offers, to exploit which the promoters are purchasing page advertisements in the newspapers, may have merit. But none we have seen has so imprest us. We may not have rejected the advertisements of all these schemes. We may not have seen them all. We have refused to print those that have been offered to us. And these include most that we have seen printed in other newspapers. And the reason is that not one, so far as we have investigated, carries even presumptiv evidence of soundness.

Most of the advertisements we barred from the *North American* have appeared in other Philadelphia newspapers, so that the people of this city and the vicinity are more or less familiar with the character of the appeals. They are dextrously worded in the main—a mixture of attractiv truths, vague pretenses and guarantees, deception concealed by smooth words that can be read with two meanings, and generalities as large and gaudy as a circus poster.

Here, for example, is a pleasing specimen of the literature in question:

> You can build here a bungalow and in a few weeks your yard will be a flower garden, with roses and vines twining about the trees and the house. Here you will listen to the mocking-bird of song and story. The scenery cannot be surpassed; the climate is ideal. It is just the spot to raise a family, spend your declining or maturing years and one to which you may invite guests with every assurance that you will entrance them.
>
> You must not think that just because you are a professional man or woman that you have no knowledge of semi-tropical products, that you cannot raise them with profit. In Florida nature works for man, and man does not have to slave like he does in the North and the West.

Now, all these statements are literally true. If a man with ample means desires to escape the rigors of the northern climate, buys a suitable tract of Florida land—taking care that it is not cypress swamp or pine barrens, with no soil save sand, and sees to it that he is near a railroad station and can make fair arrangements for consignments; solves the difficult problem of labor in a beautiful state where the hookworm or some other cause has bred only too many of the shiftless, ignorant, and incompetent among those to whom the stranger must look for help—he may set out his orange and other trees, pray against the coming of one of the freezes that happen every ten years or so, and after living on his other resources for a term of years, he may by good management obtain an excellent return upon his original investment and have the pleasure of living in a climate that is delightful—in the winter.

But to the northern farmer boy who, by unceasing industry, has laid aside a few hundred dollars, the picture of the flowery land where perpetual sunshine draws unending riches without exacting heart-breaking toil, such advertisements mean a chance for the home of his dreams with the girl of his choice in a land of flowers.

The small merchant and the clerk who have struggled against ill-health read between the lines the promise of wealth, as well as health, in exchange for their savings and a little wholesome, strengthening work.

Why, even the Everglades is a name of charm to all such small investors. And one of these companies actually is endeavoring to sell farms in that marsh covered with water and saw-grass.

Most assuredly worth quoting are some of the features of this Everglades proposal:

> We are now offering this land for sale at $30 per acre upon the easy-payment plan of $1 per acre down and $1 per acre every month for a period of twenty-nine months. No interest on payments is required. We pay the taxes until the deed is delivered to you.
>
> We will not permit any man to locate upon this land until this company has completed its work of improvements. . . . The land is a wet prairie now—when we deliver it to you it will be dry and ready for cultivation.

But it is not represented that this tract is not a "wet prairie" at present. It is only "estimated" that it may be drained thirty months hence. But concerning this water-covered marsh of 46,000 acres it also is "estimated" that "when we have delivered our land and permitted settlers to move upon it, it is estimated that there will be every convenience in the world for their comfort, including telefones, free mail delivery, railroads, and waterways right at their very doors."

To compare with this hopefulness we can cite only this portion of the promise of a company that sees in a southern Texas county, instead of Florida, the new Eden:

> The cost of living amounts to practically nothing at all. Your first move upon arriving should be to prepare and plant a small plot of ground in vegetables. In less than three months' time you will have an ample supply for your table, and in the meantime, while waiting for your table truck to grow, your neighbors will supply you with vegetables at very little cost. The rivers abound in fish, while the woods are alive with quail, squirrel, and all sorts of small game. This means that you will have no meat bills to pay. All there is left for you to purchase are such staples as sugar, coffee, tea, and spices.

Now, let it be noted that these schemes do not appear to have the sanction of the railroads which offer inducements to good settlers to colonize desirable tracts along their lines. Nor are they put forth, apparently with the approval of the honorable and enterprising men who compose the trades bodies of the attractiv and thriving communities of Florida and Texas. These advertisements come from the tall buildings in Chicago.

To readers of the *North American* who do not feel inclined to draw their own conclusions, we desire simply to remark that one of the best means of obtaining a safe income from one's savings and provide for one's family is to purchase thru a reputable financial house a good bond—some such bonds are in denominations as low as $50.

But if the reader be bent upon a farming venture, there is much land at low prices, fairly fertile and close to markets, in southern New Jersey, where an investment will bring smaller returns in climate and dreams, but more in things tangible, than purchases in some parts of Florida and Texas.

Dr. Charles S. Grabin, of Wakefield, Neb., writes: "Your Business Talks saved me $10 the other day—was not taken in. Let the good work go on."

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Treatment of Pellagra.

EDITOR MEDICAL WORLD:—I will give Brother O. Manasco my treatment for pellagra. The treatment consists first of all in the interdiction of unsound maize as an article of food and the prohibition of alcohol as a beverage. With respect to medicinal treatment, Lombroso recommends large doses of arsenic. Wurzel confirms the value of arsenic and also advises the use of quinin and strychnin in large doses; for the nervous symptoms, massage, electricity and salt water baths are of service. The patches of erythema should be kept moist and supple with oily ointments to which cocaine, carbolic acid, salicylic acid or chloral may be added to control the itching. The prophylaxis of the disease includes education of the people in the infected area about the danger of fermented maize as an article of food. Maize should only be harvested when ripe and should only be stored in dry, well-ventilated granaries. When maize is a staple article of import it should be rigorously inspected at the first port of entry and all spoiled grain rejected.

Witts Springs, Ark. E. M. DIXON.

Seven Cases of Pellagra.

EDITOR MEDICAL WORLD:—As there is quite an interest in the lay press and medical journals, too, on the subject of pellagra and but little about it has appeared in your valuable journal, read by so very many doctors, and as I have had seven cases, some of which seemed to be benefited by treatment, I thought I would give a short article on that subject. The article by Dr. Manasco in the November issue describes very well the advanced cases of pellagra.

I had four cases before diagnosing it. The first one came to me three years ago next February. She was very nervous; had insomnia, melancholia, stomatitis, diarrhea with *very offensive stools;* some numbness in legs and arms, and some fever, very irregular. I diagnosed her case as spinal paresis due to some intestinal autotoxemia, the nature of which I did not know. She soon developed the typical symmetrical erythema of hands and some on face. I stopt corn foods because of the diarrhea and not from any etiologic reason and prescribed a light diet as in any lienteric diarrhea.

I gave:

℞

Sodii and zinci sulfocarb.....dr. ij
Tr. zingibris, f. e. hydras, āā.....dr. ij
Paregoric .....dr. iv
Elix. pepsin. lact., q. s.....oz. ij

M. Sig.—3j every three or four hours, as needed, to check bowels moderately.

The bowels should not be checked entirely or patient will get worse with nervous symptoms.

I gave elix. glycerophos co. tonic alternately with petroleum emulsion, and castor oil and turpentine every few nights to clean out.

One important thing I discovered was that, tho the patient was very nervous and had insomnia, it was an internal nervousness and despondency and was much benefited by the Morton wave static current and direct sparks. I never saw a neurasthenic or nervous patient of any other kind that enjoyed the static sparks so much and was so benefited by them. She would beg for the sparks. She gained thirty pounds and remained apparently well during summer and fall, leaving my town and returning to her former diet of cornbread, buttermilk, greens, etc., and was not heard from until February, 1908, when she returned to me with uterin hemorrhage, vaginitis, stomatitis, etc., again. She soon developt acute mania with short intervals of lucidity; was sent to the asylum and died within a few days.

I treated two other advanced cases in the summer of 1908 for only a week or ten days each. Both had *melancholia,* diarrhea with very offensive stools, paresthesia, etc. They soon returned home and died.

One other case treated that summer and fall is still living. She remained several months taking the static electricity, Morton wave current and sparks, and the medicins

Digitized by Google

given the first case. She had a recurrent arthritis and fever that returned every nine days, remaining two or three days, in addition to the erythema, stomatitis, diarrhea, etc. She did not return to her former home but to another one, and has not relapst tho not in good health yet.

The blood examinations made in three cases showed only a secondary anemia—in one only a slight leucocytosis, but no eosinophilia in those examined thus far. The stools in two examined showed nothing of importance.

About fourteen months ago I read an article in the *A. M. A. Journal* from Babcock, I think, of South Carolina, and diagnosed my four cases at once.

Since then I have had three other cases. The first one, seen last June, had been nervous three years with insomnia, numbness in the legs, burning of feet and hands (a symptom present in almost all the patients somewhere), but no diarrhea; instead, however, a constipation until three months ago when the offensiv diarrhea began, followed soon by the dermatitis, stomatitis, etc. Under the above mentioned static electricity and medicins he has now gained 32 pounds, perhaps to relapse in February or March. I hope not, however, because he had no symptoms of melancholia and will never eat any more corn food of any kind.

We do not know the cause and it is useless perhaps to speculate; but the cause, whether bacteria, toxin or fungi, is believed to be conveyed to the alimentary canal through the corn food products, thence to the spinal and sympathetic nervous systems; in most of my cases producing nervous symptoms, burning, etc., long before the diarrhea, stomatitis and erythema.

We know when one is salivated once he becomes very susceptible to the influence of mercury. One made very sick once on any article of food, that food is frequently thereafter almost a poison. Hence the importance of changing the *location* entirely and avoiding all corn products that perhaps the etiological factors might be better avoided.

My two later cases are similar to the last mentioned in symptoms and duration, being "raised" on corn bread, but not having eaten much the last three years since sick. They are improving on the above treatment, but have not had time yet to show such gains.

In conclusion, will say I am sure the modified Morton wave has been the most important factor in the improvement of my cases, the numbness and nervousness being relieved thereby. The cord is connected to the positiv side of the machine, poles are widely separated, other end of cord is attached to a long flexible piece of metal placed next to the skin of the spine. The bare feet are placed on a metal footplate from which the shepherd's crook passes to a metal ball on the insulated staff one to three inches from the prime conductor of negativ pole making the jump spark there. The negativ side is grounded. The current passes entirely thru the patient's spine, down legs, and is set into rapid oscillations by the interruptions of the current as it passes up to the negativ side and thru to the earth. It is a modified Morton wave current and is very valuable in any form of spinal paralysis. By its use with correct hydrotherapy a case of universal lead palsy entirely helpless, involving even the recurrent laryngeal nerves was completely relieved in five weeks last spring and many other cases due to other causes benefited more slowly.

I would advise physicians having pellagrins to try the above treatment and report results, as nothing else has seemingly done good.

J. W. TORBETT, B.S., M.D.
Atlanta Med. College, 1895.
Marlin, Texas.

Diseases of the Eye in Pellagra.*

EDITOR MEDICAL WORLD:—In diseases of the eye in pellagra I find no differences in the symptomatology, characteristics, appearances, or complications, save only they are very prone to exhibit the same cycle, as it were, a recrudescence in early springtime and, as summer progresses, make recovery.

My observations and findings have been primarily upon the rice field negro who has been inured to hardships, poorly educated and equally poorly nourished, seldom able to read, and, when he has visual disturbances, attributes it to local conditions. My patients have invariably given the history of damp meal, grits in lumps in bags which have been wet, carrying home in cotton sacks during the winter months while raining, buying the week's supply and leaving it in the sack openly exposed to vermin and dew, many times sour, and eating sour corn-bread.

Digitized by Google

My attention was first directed to this disease in 1906. The patient gave me a history of rheumatic pains, general malaise, sensation of heat of the esophagus and in the regions of the kidneys, radiating to the hands and feet, noticeably the palms and soles. One child has spastic paralysis. All complain of vertigo, neuralgic pains in the posterior aspect of the neck. The dorsum of hands and feet they said were "sun burnt," skin swollen tense. with burning and itching, severe stomatitis, patellar reflexes exaggerated, insomnia, anorexia, erythema, with petechia occurring at times. Also, small oval blisters, even bullae which, upon breaking down, leave indolent ulcers. The chief psychic symptoms are delusions, apathy, melancholy, disorientation with symptoms of dementia præcox. In two of my cases the tissues between the fingers cracked, extending to the metacarpal bones and exposing the ligaments. The tongue and mouth are red, inflamed and sore; gums swollen at times and present appearance of salivation. The lips swell and appear almost scarlet, crack and become denuded. The tongue has presented three varieties to me. One heavily coated with a dark streak in the centre, notcht around the edge and very red. Again, smooth and denuded of epithelium. Finally, in another instance, slack with deep fissures. Have never seen any change in the hair and nails of my patients. All have digestiv disturbances and lack of appetite. As the disease progresses the mental disturbances increase from extreme dull apathetic conditions, slowness of speech, listlessly tired, ennui, melancholy, dread of persecution, even suicidal tendencies have been exhibited. Some of these patients have informed me that these conditions have crept upon them insidiously, gradually becoming more severe each spring and summer. Three of these patients have since died. Many of them complain of pains in the eyes, one of diplopia and others of various symptoms. I examined more carefully and present the following data.

I: Man, 42, negro. Had been working timber and living upon a diet of grits and corn-meal mush, crackers and cheese, all of which he stated had become molded and soured as he had no place to keep them. He was suffering from ectropion, both eyes, with slight conjunctivitis. Had markt pellagra symptoms. Iris was dilated. Very little photofobia, cornea aqueous, lens clear, vitreous slightly hazy, choroid showing marks and scars of atrophy, dark pigmented areas. The nerve head was oval suggesting myopic conditions. Arteries pale, veins thick and heavy. The other eye was normal, consensual reaction from left to right but not from right to left. I made several further attempts at examination, but patient was in a cachectic condition and refused, dying in seven days after last attempt to review fundus.

II: Child, 6½ years, boy, negro. Epiphora in both eyes, a markt pellagra patient; talked incoherently all the time; had three-fifths degree of fever in the axilla. History, positiv; mouth, tongue and nares raw. Mother stated that child's eyes became sore every spring, which suggested vernal catarrh. Examined for it but it was not present. Had markt conjunctivitis, with small granulation, which resisted all treatment. Cornea, aqueous, lens, and vitreous clear. Ophthalmoscopic findings: Fundus dark, black spot similar to retinitis pigmentos, only limited to about 4 mm. around nerve head and involving macula regions. There was no evidence of choroditis, nor were these dark areas in any other part of the fundus. Mother stated that child's eyes had been sore in the springtime for 3 or 4 years when his hands and feet became sun-burnt. His vision had become worse this time. From this child I recovered uncinarias upon two occasions. Child's hands, feet, arms, legs and nape of neck in horrible condition; extremely emaciated. Died in five days after my seeing him. They refused an autopsy and would not allow me to remove one of its eyes.

III: Man, 36 years, negro. History: working in swamp, making shingles; living on grits and condensed milk; he termed it "stir mush." Would make enuf at night to do the next day. Sometimes it would sour in the pots, he said, but if boiled over it was fit to eat. It had given him indigestion, he stated. Both hands, arms, and legs presented distinct line of demarcation with round ulcers, some confluent, with irregular edges and edema. Patient was painfully emaciated; complained of pains in the eye, with burning sensation and failing vision. Upon examination I found fundus visible and appearing normal; optic nerve pale, almost white, beginning nerve atrophy. Patient was to return in 14 days

Digitized by Google

but was unable to do so, dying in 19 days after the last visit.

IV: Girl, 17, negress. Anemic; enlarged glands, cervical and epitrochlear. For 3 years hands and feet, and arms and legs had become denuded; were now raw with fetid ulcers on one leg almost to knee. Right eye: cornea hazy with small ulcers; iris irregularly dilated and had posterior synechia; aqueous, hazy; vitreous, muddy; fundal lesion, large hemorrhage to temporal side. Patient stated she was not aware that she was blind in that eye. Had floating bodies. Was unable to get any detail of fundus. Left eye normal. In inner canthus of both eyes small papilla which exuded watery substance upon being punctured. Patient came regularly for 4 weeks, becoming rapidly worse; had excessiv diarrhea and became almost unmanageable, refusing to eat. Died in 11 days after last week.

V: Woman, 42, negress. Second year had sun-burnt hands; sore mouth; vertigo; had lost considerable flesh, and had grown melancholy with hallucinations. Iritis in right eye 3 weeks. History of damp grits; bought them because they were cheap; damaged meal. Upon examination, hands and feet desquemating in layers, shelling off, leaving shiny tense skin beneath and, in places, a raw bleeding surface. Lips and tongue denuded. Suffered from insomnia and had no memory. Ophthalmoscope gave no fundal lesions. Patient recovering.

VI: Woman, 26, negress. First year mouth became sore and denuded, bright red in appearance, distinct erythema; complained of pains in the eyes, smarting and burning. Patient came every other day for 2 weeks and each morning had a film of bluish tint over the cornea of both eyes. At the end of 6 weeks she stated that her eyes gave her no further trouble. Physical condition improved; mentally slowly making progress. Ophthalmoscope shows nerve head normal, arteries very small, veins enlarged, small hemorrhages in veins to nasal side in physiological cup. This patient gave positiv history when and where she obtained the damaged meal.

In presenting these histories I have refrained from repetition as much as possible, also from citing pellagra symptoms. The class of persons who I find are suffering are those who lack nitrogenous food. Many exist upon rice, grits, potatoes, and a little cheap poor grade pork termed "second" or "butts." They need meat, red meat, and a variety of vegetables. In 4 out of 7 cases that I examined I found uncinaria, and anemia in all. The treatment has been supporting and nutritious. Tonics, in increasing doses of tincture of the chlorid of iron up to 30 minims, t. i. d.; Fowler's solution to the point of tolerance as high as 24 minims t. i. d.; cod liver oil, eggs, bovinine, pepto-mangam (Gude), acetate of lead and opium for diarrhea, phosforic acid and strychnin or tincture of nux vomica. Fish diet, also oatmeal, and milk in abundance. I find local applications of practically no value. These cases are from the extreme rural districts where hygienic conditions are very poor. Mentally, from educational standpoint, nil. Not one gave a luetic history but all gave a record of malaria. In one family the mother had a chronic condition and the son, acute; both died. I have been informed that many negroes bought damaged meal which had been recovered from a flat, it having sunken. Some of the negroes became sick, had vertigo, abdominal pains, and intense gastric disturbances. From my observations I am of the opinion that pellagra is a trophoneurotic condition involving the entire sympathetic system, It is not an autointoxication, but secondary to the ingestion of a fungi or ferment which causes katabolic metamorphoses. A. B. CLARKE, M.D.

Planterville, S. C.

* [The above paper was read by Dr. Clarke at the recent Pellagra Conference at Columbia, S. C.—ED.]

A Few Things That I Have Learned in Practise.

That a compound powder of acetanilid, salicylate of sodium, and powdered licorice is an admirable combination to give in all cases where it is desirable to reduce the temperature, and that if given in the proper doses will do the trick and is absolutely safe.

This same powder will cure all your sciatica cases. Give to effect and they get well in a hurry.

To cure rhus poisoning all that is necessary is to bathe the affected parts with a strong saturated solution of salicylate of sodium and fluid hydrastis twice a day, after which cover the sore parts with an ointment made with acetanilid, salicylate of sodium and petrolatum. Apply the ointment each time, after bathing with the above solution.

Old or new bladder trouble is greatly

Digitized by Google

benefited by a thoro course of a good elixir of saw palmetto, sandalwood, and corn silk. Try this and make them all happy.

Codein is preferable to morphin in most cases.

Many poorly nourisht babies improve when given a good cod liver oil emulsion combined with alkalin elixir of rhubarb.

That our old but forgotten gray powder (mercury and chalk) will kill more stink in the alimentary canal of babies suffering with summer bowel trouble than most anything else and do it quicker.

The old doctor must of necessity be displaced and replaced by the young doctor and, besides, it's in the people's blood to want to try the new. Why not? There are one thousand and one reasons why the old must take a back seat; in fact, he generally wants to or has to.

Now, Dr. Taylor, if these are worth anything to you or the journal family use them; if not, the waste basket is handy. M. E. JOHNSON, M.D.

Pittsburg, Kan.

Arsenite of Copper in Typhoid.

DEAR DR. TAYLOR:—Have just read Dr. Anderson's article in the December WORLD, page 513, on the treatment of typhoid fever by the arsenite of copper. It has imprest me very much, inasmuch as I have treated six or seven cases this autumn with the most favorable results, making the arsenite of copper the base for my antiseptics. For years I have used the sulfocarbolates of zinc and soda, but this year I only used two antiseptics: ars. copper and very small doses of sodium sulfocarbolate. Of course, small doses of calomel were used as most practicians do to keep the bowels open, but the arsenite of copper I was careful to give in small doses every two hours for nearly every day of the treatment. My cases this year began with symptoms pointing to a siege of three weeks, but within 16 days the temperature was nil and appetite returning. Not only the short duration was remarkable, but the temperature would not often get over 102½ in afternoons and very often less in the midst of the fever stage. I intend to use this drug in future unless something better can be shown, for under this there was no delirium, no sign of hemorrhage, or alarming symptoms of any kind. I inclose $3 for THE WORLD. I am always anxious to get it, and I believe it has done me hundreds of dollars of good. C. L. MYERS, M.D.

Covington, Ind.

[In a note following Dr. Anderson's article we intimated that he would find that he had been anticipated in the use of copper in typhoid. Dr. Geo. Haslam, of Fremont, Neb., sends us a reprint of a paper by him on this subject publisht in March, 1903. He gives 1-100th gr. of the arsenite of copper every hour; and if missed because of sleep, a tablet for each hour of sleep up to three tablets is given on waking. He also refers to the use of copper in typhoid by Dr. John Aulde as early as 1895.—ED.]

Copper Arsenite in Typhoid Fever.

EDITOR MEDICAL WORLD:—Dr. Anderson's letter relativ to copper arsenite in typhoid fever interests me much. For about six years I have been giving copper arsenite in typhoid fever, but not with the happy results obtained by Dr. Anderson. Three years back a family of Smiths, well known here, was stricken down with typhoid fever. There were eleven children in the family, varying in age from six to twenty-eight years of age. To this number must be added the father and mother, making in all down at one time thirteen, all in one house. Having had encouraging results in a number of cases previously I was influenced to put these cases all on copper arsenite as the basis of my treatment, adding quinin, strychnin, etc., as I deemed indicated. Temperature ran in several cases stubbornly at 105°. Six had profuse hemorrhages and, altogether, they were very sick people.

Everybody in the neighborhood was much alarmed and kept away from the house. And but for the attention of a son-in-law, whose wife soon went to bed with the others, they would have been entirely without help save that rendered by myself.

Every one recovered unexpectedly to me. Nearly all of them lost their hair entirely. To see them moving about when they got able, bald-headed, was truly laughable and suggested the visitation of Indians with scalp knives.

But to the point: They all recovered after long and severe illness. What shall we say in these cases for arsenite of copper? They all recovered; yes, but time was not shortened. But hold on and mark you; I did not give them as much

Digitized by Google

of the drug as Dr. Anderson advises. And tho I had given it in a number of cases previously, I have never given more than 1-50th of a grain every 24 hours, kept up till fever disappears. My cases do well, as a rule, but I can't see that their course is shortened.

I also get comparativly good results from sodium salicylate and calomel.

But my failure to obtain the brilliant results of Dr. Anderson may be due to the small doses given. I prefer to give the copper in water and every third hour. I shall certainly try the plan advised by Dr. Anderson. J. I. T. LONG.

Allen, Md.

The Treatment of Typhoid Fever.

EDITOR MEDICAL WORLD:—Thirty years ago when attending college (in 1876 and 1877), I saw cases in the Cincinnati Hospital that were there all winter, several months at least, and were both mentally and physically unable to attend to business for a year or more thereafter. The way they treated them there then, they remained sick from 21 days to 21 months, I think. My old preceptor could beat this considerably. His cases all ran from 21 days to 3 or 4 months, usually about 2 months, and when I commenced it took me about the same length of time—a month or two—more often two than less. The 21 days was the time required to confirm the diagnosis. When this was done we settled down to fight a definit, well-defined typhoid condition. The fever or the patient wore out by and by, as old Dr. Brooks always told them that they would wear the fever out or it would wear them out in time, which was absolutely correct. But no one knew how long a time would be required till they got thru. The suffering and mortality were great. I see a man pass my office almost daily who had typhoid fever 6 years ago and he is a cripple yet; his legs have never gotten right and never will; he was in bed over one year and it was two before he was able to do any work.

This was one of the expectant kind, and many doctors are treating them the same way yet, more especially in the hospitals and by the high-ups in the profession. They have known all that there is to know for a hundred years or more; they have advanced neither forward nor backward.

No one should condemn a treatment or plan unless he has something that is better to offer in its stead. And evidently Dr. Anderson has, and I, for one, shall try it.

But let me tell you how and what I do, for I have just as good success with my plan as he claims for his; they get well in from 14 to 21 days and they all have a pleasant sick spell (if a run of typhoid can be called a pleasant sick spell). They have no delirium, no insomnia, no tympanites, no hemorrhage, or at least, I have had little; very seldom any nose bleed. I think I hear many saying: why, if they had none of these, they are not the kind of typhoid we know. The pathologist, after a blood examination, said they were. But examinations were not made in all cases, but the others that I have reference to were typhoid, just the same kind I am writing about just now. Let me say that I do a general practise, and have for 32 years. The first half of this time I had the oldtime success, but the last 16 years or so got better results, ever since acetanilid came into general use.

Before that the fever just simply played havoc with them all. Then, later, salicylate of soda was brought in; the two combined and mixed with powdered licorice root makes an ideal compound that acts both as a febrifuge and an antiseptic and the licorice is a soother to the bowels and improves the taste, making a very effective and pleasant preparation. This is given in small doses and sufficiently often to keep the temperature down within a safe limit, and should be given from start to finish.

No harm will ever come from this if rightly used, as I have done this way now for 16 years and know of what I speak. Never any trouble.

Later, and since the intestinal antiseptics came into general use, I give them in every case with marked regularity and in doses sufficiently large to do what they are intended to do. I keep the bowels cleaned out. The antiseptics have helped my cases some, I think, but they are not required to such an extent as they would be if the antipyretic powder was not used, as it seems to do most all in that line that is required, but I use them so as to be doubly sure. For its effect on the blood and the heart I give ecthol and specific cactus in combination thru the whole run of the fever and a few days longer. Nuclein tablets (Abbott's) are given every 4 hours also. After the first week

Digitized by Google

strychnin is added to the nuclein. If this plan is strictly and energetically carried out they will about all get well. Since I have adopted this, have lost but one case and that one died on the tenth day from hemorrhage; all other cases got well before 21 days excepting two; one of them ran 22 days and the other case had a relapse on the 17th day after the fever had been gone for two days and ran two weeks longer, but got up all right.

Some things I don't do:

I don't give sweet milk and I don't give lemonade; the latter tends to thin the blood that's already too thin.

I don't bathe the body with cold water.

I don't have to go to see them at night.

During this time I have probably treated 150 cases and every one has got well excepting the one previously mentioned.

They can write as well and as intelligently on the 21st day as they did the day before they got sick and can resume their occupation in a week or so. Any case with reasonable health to commence with will get well under this plan. If I ever lose a case it will be some old wornout wreck. M. E. JOHNSON, M.D.

Pittsburg, Kan.

[We must most courteously dissent from more than one of the propositions offered us by Dr. Johnson in this article. Blindly closing one's eyes to the important and advanced teachings of such masters as Liebermeister, Brandt, Jurgensen, Welch and their confreres is what is implied by his aspersions as to ultra-conservatism of "the high-ups" and hospitals. He neglects to state, for example, that at such an institution as the Philadelphia General Hospital—one only out of 52 in this city—with its more than 5,000 beds constantly filled, new methods for treatment of all varieties of disease, native as well as those brought by vessels from distant lands, are constantly being studied by experts. When a new remedy is suggested at any one of the city's 30 or more medical societies by some renowned authority, it is usually at once applied in not tens but hundreds of similar cases in the numerous hospitals and private homes of this great teaching centre. Before conclusions are reacht as to its actual value for final pronouncement to the profession of the world, so and so many thousands of patients here may have had the benefits, or otherwise, of its application. Philadelphia's well-known conservatism has its advantages, you see, dear Dr. Johnson, and you have unintentionally done an injustice to the careful ways with which this one eastern medical capital, at least, has built up its world-wide reputation. No going off at half-cock!

The hydropathic mode of treating typhoid fever used by "regulars," including the portable tub in extreme cases, with its remarkable lessening of mortality rates, the period of the affection and severity and number of the complications, has been altogether overlookt in your article. The copper arsenite treatment has not the abundant proof in its favor that is on record for the water-application plan.

Lastly, the "intestinal antiseptic" notion in treatment of typhoid fever has lately received so effectual a quietus at Johns Hopkins, among other great research centres, that it is time for general practicians to "brush up" along other lines in the search for novelty and advance in the cure of so insidious a disease as nervous or enteric (typhoid) fever.—H.]

Marvelous Mechanician Kline.

EDITOR MEDICAL WORLD:—Dr. George B. Kline, of McMechen, W. Va., is a wonder. He has taken up osteopathy and the miracles he is performing in McMechen are a caution. Dr .George B. Kline says that an osteopath is a "high-grade mechanic of the human system" and hence has only to look over the machine to see its defects. He then proceeds to adjust the bolt, tap, nut, or linchpin in order to allow freedom of movement and give nature a chance.

Dr. George B. Kline gives a small list of machines he has remedied or rebuilt which shows his skill and celerity. Listen:

Baby with stomach trouble; this machine was repaired in five months.

Case of hemorrhage of bowels; leak found and stop cock adjusted in two months. Fourteen physicians had failed in this case (the usual number is six).

Case of pain in lung; steam chest oiled and tightened.

Case of sciatica; defect found and corrected in two months. (Poor fellow.)

Case of hip joint disease; machine rebuilt in three months, good as new except a short leg.

Case of railroad injury; physicians and

Digitized by Google

surgeons for 100 miles consulted. Break found and adjusted in three treatments.

Case of rheumatism of feet; six physicians had failed (the usual six). Break fixed in two months.

Case of lost ambition; fires kindled and steam up in one month.

Case of double sciatica; relief at once by replacing line in trolley.

Case of diarrhea; leak found and stopt in 24 hours. Oh, George!

Dr. George is too big a man for McMechen, W. Va.; fame and fortune await him in a larger field. J. T. RICE.

Excelsior Springs, Mo.

Freese-ing Kline.

EDITOR MEDICAL WORLD:—December WORLD just reached me and I was feeling fine until I read the article by Dr. Kline on page 517. After reading that article I feel like taking down my sign and going out to find a position on the section or somewhere else. There can be no doubt I will have to sooner or later. Sooner or later all the regulars will be displaced, whether they be the old, well-tried, and found faithful or the young blood with a couple of stethoscopes and a blood counter, like myself. We will all be displaced by the osteopath—if we are to believe our Brother Kline. No one could doubt that Christ could have existed and workt the miracles ascribed to Him if they could see Dr. Kline perform for a few minutes. Dr. Kline and Christ run a close race and Christ only leads by a neck. (No blasphemy about this.)

While I am not well verst in osteopathic methods of readjusting structures, I feel inclined to take the opportunity of dissecting the Doctor's case records a little.

Case 1. Child had alimentary canal trouble. A very close-cut diagnosis. Doctor, have you any idea of what ailed your patient? You don't say whether it was gastritis, proctitis, or just malnutrition.

Case 2. Hemorrhage from the bowels for three years. What was the cause of these hemorrhages? Where did they originate? One would think the powers of an osteopath would help him to feel any ulcer along the course of the canal. For all we know it may have been cancer, hemorrhoids, or duodenal ulcer.

Case 3. Cough and pain in the right lung. Did she have tuberculosis or was one of the vertebrae slipped forward and pressing on the lung? I saw a patient not long ago who was cured of that condition by an osteopath. That is what she told me and she believed it.

Case 5. Swelling on the neck cured in twenty minutes. Was it cancer or adenitis? Could scarcely have been cancer, for that would have required a couple of treatments.

Case 6. What did the girl have? Do you diagnose any cases or just cure? I am looking for the light. You only give enuf to arouse the most abject wonder.

Case 7. Heart trouble along with lots of other things. What type of heart lesion did he have and did it hurt to have his heart rubbed? Just what varieties of heart disease did you cure? I have a wealthy patient that I must confess I can't cure. He has mitral insufficiency, and would give most anything to be cured.

Case 9. Hemorrhage from the kidney for seven years and cured in three treatments. Wonderful! Miraculous!

Case 15. Ailing for three years. What did he ail of? How did the Doctor know where to rub?

As I said, I am looking for light. I am not in the "slough of despond," but hate to see the heart cases go bad, as they do under present treatment. We can sustain for a time and soothe, but I don't find any *cure* for them. Another question: Do you, Dr. Kline, believe all you have told us? Do you really think we do? I am not narrow and am willing to do anything for a patient. If I thought that Peruna would cure when nothing else would I'd prescribe it with no compunction.

In my humble opinion, many of Dr. Kline's cases just happened to get well under his care. I do not discuss his rheumatic or sciatic cases for I think there his field may do the work.

E. M. FREESE, M.D.

Hurdsfield, N. D.

Dr. Kline Again on Osteopathy.

EDITOR MEDICAL WORLD:—A number of inquiries have come in asking particulars in regard to osteopathy; how certain things are done, and why. If you will allow space in your valuable journal, I will try to answer them and give a general outline which might be of interest to others also.

Osteopathy is a system of treating disease without medicin and is not limited short of surgery in its fullest meaning—that of the knife. Surgery is hand work

Digitized by Google

and, as osteopathy is hand work, it is truly surgery without the knife.

We understand health to be the natural and the normal functioning of all the organs, which means perfect circulation to all the parts. Imperfect or abnormal circulation means disease. The blood supply is under the control of the nervous system and the arteries obey that impulse which is generated by the central nervous system automatically and beyond the power of the will. If we exercise a part, that part is supplied with a greater amount of blood and all beyond the power of the will to modify. When a part is diseased it means an abnormal blood supply and, if the disease is not malignant or the tissues destroyed beyond the power of functioning (as in advanced consumption), we can confidently expect a cure to follow the re-establishment of the normal blood supply. The nerves are the conveyors of the nerve impulse and we look along their course to find the trouble and proceed to remove that trouble.

We might liken the nervous system to an electric light plant with its central dynamo and wires carrying the impulse to the point of use. If many points are normal, we naturally conclude there is nothing wrong with the dynamo, which, in this case, is the central nervous system; and, again, as the nerve impulse cannot be interfered with while the nerves are in the soft tissues, we naturally look for the interference at some point where the nerves pass thru, over, or around some hard substance, such as bone, ligament, etc.

As the nerves leave the spine they supply the different segments of the body opposit or nearly opposit that point until we go to the lower dorsal and lumbar region and, in addition, we find the different nerves emerging that make up the sciatic nerves. The osteopaths look at the system as a machine—as a jeweler, for instance, when he has a watch to fix; first he finds the trouble and then proceeds to fix it. About nine times out of ten the trouble will be found on the direct nerve, but we must remember that we have a sympathetic nervous system also, and we may have a "crost wire" to deal with, in which case it is more complicated; but an expert can generally find the trouble. Right here I wish to say that the osteopaths beat us regulars in their knowledge of anatomy, not so much, perhaps, in the name and description of the parts but in the feel of the normal and abnormal parts, as their treatment is all hand work and close and intimate acquaintance with the various structures makes them experts in detecting the slightest abnormality, the slightest deviation from the normal and, as the disease or the effects of the disease will have its corresponding abnormality along some nerve somewhere, it is up to the expert to find and fix the same.

Having found the interference with the proper nerve supply the question naturally arises, what is the trouble? It may be some contracted muscle or it may be a slight deviation of the bones themselves or the ligaments may be at fault. Here is where the trouble arises in trying to describe what to do. It is very hard to learn operativ surgery from a book without at the same time seeing what is done and how it is done.

The osteopaths claim so many things that the regulars do not admit (and they prove them, too), that to try to learn the science from a book one is liable to miss so much that it would be better not to try at all. The osteopaths stimulate or inhibit the nerve supply of a part at will, and this is done along the course of the nerve. It is done in acute cases and they get immediate results where we regulars depend on some drug and do not even know whether the drug is pure or not. In this way they control fever, produce emesis, stimulate the heart itself by dilating its own arteries, or make a stubborn kidney or a sluggish bowel act. We hear very little of their work in this field, but they are equipt for it and do not hesitate to take hold of acute cases, and because they have not made their mark here is because they are not generally known as qualified to handle acute cases, but the time is not far distant when they will be felt here as in chronic cases now.

I might possibly give enuf instructions to enable a person to treat a few chronic cases, but in doing this one might think this the whole of osteopathy and actually miss a most wonderful treat by stopping here. The object in all chronic cases is to re-establish an abnormal circulation and let Nature effect a cure. Even tho one may find the trouble and how to remedy it, it is as hard to describe so as to be understood as to intelligently describe a football or a baseball game to one never having seen them. No one, I hope, will be so foolish as to think he can get

Digitized by Google

anything worth while out of a book alone without seeing it done. No doubt the colleges will be forced to establish chairs of osteopathy in the near future as a matter of self-protection.

GEO. B. KLINE, M.D.

McMechen, W. Va.

A FEW MORE CASES DESCRIBED BY DR. KLINE.

Miss A., aged 19, treated in August and September, 1906. Her father and brother had died of consumption and she had been under the care of a physician who was giving her cod liver oil, creosote, etc. She had a rise in temperature to 101½ degrees and 102 degrees in the evening with cough, night sweats, etc., and pulse of 105. I stopt all medicins and gave no directions. After four treatments her temperature remained normal and her pulse gradually dropt to 75. After ten treatments she ran away and got married. At this writing she has a daughter over two years old and is well and hearty.

Mrs. H., aged 44, for several months had been complaining of shortness of breath and stomach trouble. About three weeks ago she fell off her feet unconscious and remained so for about an hour. The M.D. who was called said it was indigestion. She paid for five visits and over $5 for medicin in the next ten days and then came to my office for treatment. I stopt all medcins and on her return in two days every symptom of which she had complained had disappeared. She came back for two more treatments before I had the cause completely removed—what we call lesions along the spine.

Mr. W. H., aged 25, had rheumatism for six months. Had been to Mt. Clements and came back as bad as he went. Told me he had given up all hope of ever getting well. I have treated him now one month and he is fully 75 per cent. better than he was. Practically all swelling and pain have gone and he has gained considerably in weight altho there is some stiffness yet remaining.

Miss M. hurt her back three years ago and was doing no laundry work at home, altho she is 25 years old, but after a second treatment she did the home washing without trouble.

[A number of Dr. Kline's confreres have questioned his diagnoses given in the last issues of THE WORLD, and we ask him courteously to answer the following queries that have reacht this office:

If "osteopathy is a system of treating disease *without* medicin," as he states, why do so many operating osteopaths, seemingly ignorant of materia medica, find it necessary to order popular proprietaries for their patrons? We are assured by good authority that such is the custom in this city of 1,500,000 people. Presumably such a falling from grace holds true generally.

If "it (osteopathy) is surgery without the knife," why is operativ surgery taught in the Philadelphia College of Osteopathy, as mentioned in its annual catalog? Probably it is so included in the curriculum of each other osteopathic college. Actions speak louder than words. Why, also, does the special law of California and other states legalizing osteopathy expressly mention that they shall be permitted to practise obstetrics and surgery besides manipulativ methods? Will Dr. Kline kindly explain why osteopathic advocates have insisted on thus including surgery *with* the knife?

Why does your pathology restrict your definition of "disease" to simply "imperfect or abnormal circulation"? How about the part played in disease by germs? Neisser, you know, went out to Java and successfully implanted the spirilli of lues into various large apes, tertiary symptoms being the outcome. These living spirilli, as also those of the dread sleeping sickness of tropical Africa, were plainly shown us under the microscope by Prof. Simon Flexner at a recent annual exhibition of the Pathological Society of Philadelphia. Please tell THE WORLD's much interested readers how osteopathy would treat these and the awful germ diseases like the bubonic plague (that annually carries off thousands). Like the man from Missouri, we want to be shown.

"If the disease is not malignant," you say, "we can confidently expect a cure," etc. Please describe how osteopathy "without the knife" would obliterate, for example, an intracranial benign cyst pressing on vital parts, one that "regular," "bloody" surgeons now remove with a complete *restitutio ad integram* of the parts and faculties and functions. Please be *specific* of *detail* in this response. Also, while on the subject, tell how, when "we look along their course" (the nerves), you are able "to find the trouble" here. The *simplicity* of such a mode of diagnosing what by all other investigation is most obscure and difficult even to masters of neurologic differentiation is, to put it mildly, unique.

We fear that we must take exception to your next dictum that "the nerve impulse cannot be interfered with while the nerves are in the soft tissues." How about the presence of a benign neuroma within a muscle that completely obstructs the axis cylinder even tho the white substance of Schwann remains intact? And there are others.

Your statements as to the spinal and sympathetic nerve supply of different segments of the body were, to be sure, not

Digitized by Google

intended to convey the results of research work original with osteopaths. For we could not deny that you knew all about the great discoveries in this line of such pathbreakers as Ferrier, Erb and other masters of half a century ago, "regulars" who fully outlined these very segments.

As for the ability of osteopaths to "find the trouble," and then proceeding to "fix it," the ever-growing number of malpractice suits against osteopaths, especially in the courts of our large cities, due to wrong diagnoses and barbarous manipulations with permanent crippling, chronic disease and even death, speak louder than words. The intelligent public is rapidly "becoming wise" as to the fact that the great majority of practising osteopaths are a lot of illiterates without any preliminary education for so serious a calling as the cure of disease. With the ever-rising standards of knowledge now required for the M.D. degree in reputable medical schools, a horde of barbers, butchers, clerks, *et id aune gluus*, are taking advantage of the present lax medical practise acts and getting into professional work (not practise) by dropping their tools to-day and calling themselves "doctors of osteopathy" to-morrow. This has been an actual occurrence the past few years in, for instance, this great medical centre of Philadelphia, and the law is powerless to prevent. Not an iota of school training of any kind has until now been needed for their "D.O." "degree." Can we wonder that the whole affair takes on the aspect of a farce, serious at that?

Your next declaration that "the osteopaths beat us regulars in their knowledge of anatomy" is another one of those pipe-dreams with which you as most other osteopaths bolster up a weak cause. Dear Doctor, come to the Mutter Museum, the Wistar Institute, or like great centres for anatomy scattered over this city and then you may see this dreamy cloud roll by. More than once have the great dailies of this teaching centre referred to the ridiculously scanty anatomical teaching outfit of the osteopathic "college" here and its inability to give anything like even an attempt at adequate instruction.

As for your further declaration about osteopathic diagnostic skill, a visit to any great city hospital here (there are 52 of them and the "Philadelphia General" has 5,000 beds alone) will show you an array of patients whose cases had been botched thru the very absence of diagnostic knowledge by the osteopaths who had previously treated them. When the collectiv investigation of these mistreated cases now under way appears in print together with names, dates and places, an indictment of the practicians of this new "pathy." will go on record that will so astound the public as to wipe out all claims to professional status and respectability.

"The osteopaths claim so much that the regulars do not admit (and they prove it, too)." Did you ever hear of the politicians who "claim everything and admit nothing?" We fear your "one fell swoop" has placed you in their questionable category.

Finally, my dear Doctor, when you have satisfactorily answered the foregoing, you might explain the difference in *exact* and not in *vague* terms, between scientific massage with Swedish movements (as thoroly taught for the last half century, for example, in the University of Upsala, in Sweden), and what rational thinkers believe to be a feeble imitation of a combination of the two methods, osteopathy. Of course you, as a "regular" graduate, proud of your alma mater and your profession, can grasp that the answers to these questions are solely intended for "the diffusion of knowledge" and not to cast any stigma or aspersion on a really honest new plan of cure.

Incidentally, Dr. Kline, did it ever occur to you that as "regular" graduates have for years ethically employed in treatment of disease (among other means) such established entities as aerotherapy, electricity, psychotherapy, climatotherapy, massage, and a variety of other movement and manipulativ measures, that there was no occasion at all to start a new "pathy" to obtain the results so blatantly claimed by your osteopathic would-be competitors? However, we are ready to admit that the mass of the profession has rather neglected manipulativ treatment; and we hope that general practicians can be induced to give more attention to this method of treatment.—H.]

LOYAL, WIS., Oct. 21, 1909.

C. F. TAYLOR; DEAR DOCTOR:—I would not have my MEDICAL WORLD discontinued for three times what it costs me. I need it in my business—medically, politically, and religiously.

A medical man should be up-to-date. He should expand as the times are expanding. Because our grandfathers wore wooden shoes and plowed with a one-horse plow, we ought not to do so. "Progress is the watchword." $3 check inclosed.

Long live THE WORLD and Dr. Taylor. Very truly,

JAMES RICHMOND, M.D.

Digitized by Google

Lumbago Shuns Iodin-Ammonia-Collodion.

EDITOR MEDICAL WORLD:—Being a sufferer from occasional attacks of lumbago, generally brought on by a hard ride or some unusual labor in a stooping position, and not being able to get any relief from various treatments, aside from rest, I was attracted by the communication from Dr. H. B. Peterson to Dr. M. C. McDonnell, in the November issue of THE MEDICAL WORLD, in regard to a mixture, or chemical compound (which is it?) composed of tinct. iodin, stronger ammonia, collodion, āā 1. I immediately went to my laboratory and put it up and, to my horror, it developt into almost a solid mass, and a horrible looking mass. It was almost as black as tar; but I depended on Dr. Peterson's word and set it away for twenty-four hours; and, on inspection, found a beautiful cherry-colored fluid. At this time my lumbago was getting *no better fast,* so I got down beside the grate and, with a piece of aseptic cotton for an applicator, began to apply pretty vigorously, but from either the heat of the grate, medicin, or applicator, I soon cried out "enuf!" Why, sir, that place dubbed h—l ought to be cool by the side of it. I suspended operations for an hour and imagined that I felt better. No; no imagination about it; it was a reality, and I at once took on courage to try again, and I did, and in another hour there was no lumbago left, having disappeared as if by magic. But I tell you, my dear sir, it was hot around that lumbar region for a few minutes, and the thermometer was registering near zero on the outside of office. Well, I have not had another attack since, but that is only a few days ago. But the next day I had a victim, in the person of a young lad who was suffering with a dead, heavy pain under his left scapula, and the temptation was so great that I proposed to him that I try the mixture on him, telling him it was hot, hotter, hottest; and he said, "Go to it"; and I did. He hasn't had any pain since; don't know if I scared the pain away or burned it out, or the medicin cured him. But now comes the query, and I wish Dr. Peterson would respond: When I made the application to the second party the mixture was of a beautiful amber color and did not leave any stain whatever. Is this as it should be? and is it a chemical combine or a mixture? There is nothing distinguishable in the final mixture but the aroma of ammonia; but it is o. k. so far. Try it.

Cleveland, Wash. Z. T. DODSON.

Avoid Glass Catheters (?).

EDITOR MEDICAL WORLD:—On page 468 of the November, 1909, WORLD I notice an article from Dr. Strobel regarding an obstetric outfit. The doctor carries a very good equipment. Allow me one correction: eliminate your glass catheters once and for all from your obstetric bag and use rubber instead. Never attempt the use of glass catheters during labor. There is always danger of their becoming broken by the fetal head, in which event it would be a serious matter to remove the broken glass from the bladder. A large obstetric experience has taught me many good things.

CHAS. S. GRABIN, M.D.

Wakefield, Neb.

Burns and Scalds.

EDITOR MEDICAL WORLD:—I desire just a few lines of your valuable space to call the attention of the brethren of THE WORLD to a ready first dressing for burns and scalds which I have used exclusivly for more than 35 years with success and much satisfaction.

I believe that the spoliation in these cases resulting from the insult offered to the cutaneous nerve endings is rapidly progressiv, and it is desirable to have a ready and effectiv application in order to exclude the air with its infectiv germs. Take, for instance, the minor scalds of the hands and arms of cooks and housewives from the splashing out of boiling water or grease. These burns are usually of the first degree, and it makes no difference how intense the erythematous flush may be, provided there be no blisters or other lesion of the cuticle. If the member be at once thrust into cold water or ice water or crushed ice, the pain will at once cease. If it be held there until there is no pain on tentativly removing it, the first dressing will prove to be the last; for, as the laity puts it, "the fire will all be drawn out." But if these cases be treated tardily or imperfectly, blisters will rapidly form; the true skin may become involved, and we will practically have a burn of the second degree to deal with.

In my early practise I used the old carron oil, linseed oil and lime water, because I had not been taught any other dressing. But it was never satisfactory to me; it lacks spissitude or body enough to exclude the air and, besides, it has very

Digitized by Google

little or no analgesic or antiseptic properties.

The dressing I use is simply wheat flour and hog's lard with the former in excess, mixt into an ointment or paste. The paste should be pretty stiff, spread an eighth or more of an inch thick on cotton or linen, and applied with the usual top dressing of medicated cotton and bandages. Once in 24 hours is usually enuf to change it. The advantages are that the ingredients are always at hand in every household; they are inexpensiv; it instantly stops the pain by excluding the air and, in burns of the first and second degrees, no further dressing is needed.

I will hardly ever forget an incident that occurred in connection with the first time I ever used this dressing. A farmer's boy about 5 or 6 years old, some distance in the country managed to pull a large pot of boiling water off the cook stove on himself, the wave striking him at the upper part of the chest and scalding his trunk and lower extremities nearly all around. When I arrived they had him stript of all clothing and lying in the middle of the floor on an improvised couch. He seemed to be suffering greatly and was in a semicomatose state, and seemed to be burned almost to the limit of life. There was no sort of a drug store within 10 or 12 miles and I called for some flour and lard and rapidly made a stiff paste; spread it on soft cotton rags and plastered him all over. I called next day to see whether he was alive or dead and, when he heard that the doctor was coming, the boy jumped up from his bed and ran from the house with very little covering on except the plasters, which were flying in every direction. He ran into an orchard field of 8 or 10 acres, with half the household after him, and chased around for nearly half an hour before they corralled him and brought him into the house. One or two more applications of the same dressing, 24 hours apart, completed the cure with the exception of several ulcers which yielded promptly to an improvised ointment of subnit. bismuth and lard with about 2 per cent. of carbolic acid added to it. JOHN E. LOCKRIDGE, M.D.

Indianapolis, Ind.

Our renewal mails are unusually large this December. Those who haven't renewed in December, kindly be sure to do so in January.

Ignorance in "Born" Doctors.

EDITOR MEDICAL WORLD:—I inclose my dollar in money order for 1910 as per slip. I enjoy your journal, especially the "Talks." They are all right.

Yes, speaking of ignorance, I live adjoining territory with a doctor who uses a cow dung poultice as a first dressing for nail punctured wounds, raw sores with inflammation; who gives medicin that emulsifies intestinal worms; that actually recommended for elongated uvula while the child was not noticing, give a quick grab in the child's hair, raising up at the same time, thereby causing a sudden contraction of muscular fibres so as to draw the palate up! He says doctors were born; in other words, we are doctors by heredity. So I, of course, am not a doctor but look to my sons and their sons to generate in the future.

Now these are facts, but of course your journal would not satisfy this doctor. He is original. I find that people have strange beliefs, especially in regard to the scriptures. C. A. RIFE, M.D.

Kyger, Ohio.

Motorcyclists, Arise and Explain.

EDITOR MEDICAL WORLD:—I would like to mention to the readers of your valuable journal that I am about to buy a motorcycle to use in my practise as I think I cannot afford an automobile on account of the up-keep. On account of the different makes, etc., I wish that the different ones who use the motorcycle in their practise would write to me individually about their experience, etc., with their respectiv machines, stating make, transmission, etc. Also, whether an automobile doctor, in the eyes of the laity, is better than a bicycle doctor, as I am living in a community in which many believe in a doctor who makes a lot of noise and tries to fly high.

Before closing, I would like to mention that the article in the present (December) WORLD, by Dr. Anderson, of Gray, Ga., is a very valuable one and my experience with the arsenite of copper in typhoid has proved uniformly successful. When treating typhoid it is also well to use the sulfate in the drinking water, as it is fatal to the germ in proportion of 1 to 100,000 and even 1 to 500,000 in a few hours.

CHAS. G. SCHMIDT, M.D.

St. Jacob, Ill.

Digitized by Google

Wasted Drugs and Bad Diagnosis.

EDITOR MEDICAL WORLD:—I could not refrain from commenting upon the valuable letter of Alex Power, M.D., in December WORLD. The Doctor has struck the keynote for the successful practise of medicin. Evidently he is not familiar with the therapeutics of eclectics or he would not be just finding out that there is a better way. Dr. Scudder in his work on "Diseases of Children," publisht in 1869, says: "In the treatment of the diseases of childhood especially I prefer direct or specific medication, as I do in the treatment of the adult. The old methods of indirect medication may be employed when nothing better is known, but in the majority of cases the following rule will be found to yield the greatest success: 'Never give a dose of medicin unless you see clearly the indication for that particular medicin, and have a reasonable certainty that its action will be beneficial.' Of course this cuts off haphazard medication or treating the name of a disease and, if persistently followed, would lessen the amount of medicin administered several hundred per cent."

He goes on to say that: "We have not yet specifics for every disease—possibly for no disease in its totality—but we have specifics for pathological conditions and, properly employed in the order in which these pathological conditions take precedence, they offer a direct and very certain treatment for diseases. The true method is to make a thoro analysis of the disease and to separate it into its component parts, determining also the order of these. Then remedies are selected, not with reference to the name, but with their application to correct a clearly understood pathological change of function or structure. As an example, I may take inflammation of the lungs. On an analysis we find it to consist of an accelerated circulation, arrested secretion, difficult respiration and cough, and more or less excitation of the nervous system. In addition to this there is impairment of the digestiv functions, and a gradually increasing lesion of the blood, and the processes of waste and nutrition. Such analysis tells us what the disease really is and points out a specific or direct treatment."

The above is the basic principle of therapeutic teaching in all eclectic colleges and has been since their foundation, some as early as 1840. We see how far ahead of his generation was Dr. Scudder and his earlier predecessors. How much better the recent graduate would be fitted for treating the sick were every college teaching therapeutics along these lines instead of letting him go out to learn it for himself after years of experimentation.

St. Louis, Mo. H. H. HELBING, M.D.

Galatorrhea from Debility.

EDITOR MEDICAL WORLD:—Replying to Dr. Trousdale in December issue, *in re*, constant flow of milk, I would say: A patient who weighed but 95 pounds and was 29 years of age should not nurse her baby, and this is particularly so if baby seemed unsatisfied. This is because of the fact that an excess of milk secretion would mean a corresponding lack of solids in the secretion, generally speaking. I should not be surprised to find the patient constipated because with an excessiv milk secretion we are apt to have diminisht secretion within the intestins and we have the bowels high and dry, so to speak. By keeping the patient quiet and causing a series of liquid movements from the bowels say, for a week, we might turn the flow towards its more accustomed channels and the habit of milk secretion would probably terminate, which usually occurs of itself when the child is removed from the breast. If patient is debilitated (and I assume she is debilitated), she should have easily assimilated food such as yolk of egg, also a bitter appetizer and stimulating tonic such as tincture of nux vomica and tincture of gentian.

Dover Plains, N. Y. A. H. COOK.

Mechanical Replacement Versus the Pessary.

EDITOR MEDICAL WORLD:—In the matter of the discussion on pessaries lately cropping up in THE WORLD, a few remarks on the conditions for which pessaries are used may not be out of order. The only claim that can be made for a pessary is that for the time being it overcomes the force of gravity acting on the uterus. Leaving out the discussion of all of the other causes of misplaced or displaced uteri and without mentioning any of the other medical, surgical, or local methods necessary for the relief thereof, it will be seen that the one constant factor in uterin displacements is the force of gravity, and the one constant essential for relief of them is to counteract the

Digitized by Google

force of gravity up to the point of the physiological.

Given a patient with fairly intact perineum and cervix, moderate metritis (endo vel peri, etc.), without tumors or extensiv adhesions and with backward or downward displacement of the uterus, a uterus that will not stay where it belongs after it is placed there, that is the kind of a case which the general practician has very often to treat and the kind for which he has to consider the advisability of using a pessary. It is in this sort of cases where by suitable exercise and postures, the patient can do much more for herself than a pessary can do for her and do it much more naturally and physiologically. After examination of such a case and making a diagnosis of backward or downward displacement of the uterus, no positiv surgical condition being present, the physician should place the patient in the knee-chest posture and replace the uterus in its proper location. That is, demonstrate to the patient both the knee-chest posture and the usual ease with which the force of gravity assists the uterus to slip into its proper position. The patient instructed along this line soon learns to recognize the uterus as in or out of its right position, and being told to assume this posture from one to three minutes at a time a number of times a day (more or less as may be required), soon works out a system of her own which, with other indicated treatment, will carry her far along the line toward permanent relief. Of course the extremely rare case will require fixation or suspension. The natural axis of the uterus being in a line with the direction from the navel to the tip of the coccyx, the knee-chest exercise will answer for some of the anterior displacements, altho the heel-shoulder exercise will be occasionally required.

In instructing the patient for the use of the knee-chest exercise, it is well to remember that in some cases it is necessary to hold the nates apart in order to open the os vaginæ and allow a column of air to enter the vagina to assist in the readjustment of the parts. The patient's attention is drawn to the fact that a uterus out of place means trouble; that the longer it is out of place the easier it is to stay out, and that each minute it is in its proper position it becomes that much more easy for it to stay right. The exercise taken on retiring is, of course, the most important one of the day. From the knee-chest posture she should lie on the face, then on one or the other side, not on the back, and should keep her knees close together (not always an easy direction to follow). Should the last two conditions be disregarded after retiring, she should repeat the whole exercise before sleeping.

With the exercises, uterin tonic medication, and any other indicated treatment may be carried out with much better results than without them. Patients with uterin displacements should be instructed to refrain from the use of vaginal douches, as the effects produced thereby are not those that tend toward the natural and, besides, they get along better without them.

I hope that no wise individual from the far east will assume that I am trying to say that a uterin displacement with a badly lacerated perineum and cystocele, rectocele, etc., can be cured by exercises.

Pekin, Ill. F. C. GALE.

Simple Methods in Obstetrics.

EDITOR MEDICAL WORLD:—The October and November issues contained articles on "Obstetric Outfits," and it is these articles I wish to make a few remarks on.

Forty years' practise in medicin and surgery, with a record of 2,500 obstetric cases, is evidence of some experience and should pass as authority of some value.

We do not claim to be any more of an expert than our fellows, but not one woman died and only one child under our care. Total number of women attended in childbirth, 2,507—1,900 in general practise and 607 in London hospitals. "And this record is true," and was accomplisht with only about one-seventh of the obstetric outfit indicated in THE MEDICAL WORLD, November issue.

It must be obvious to any one that in the above number of cases all forms of presentation, unnatural and accidental conditions, have been met with. The forceps were used about fifty times in the hospitals (always in a hurry), but only three times in general practise.

Nature is the great accoucheur and will accomplish the full measure of procreation, even to the delivery and disburdening the womb of its fruit. To be a useful accoucheur one must learn at Nature's shrine; learn her language, signs, and efforts. We know there are times, and even supreme moments, when something must be done:

Digitized by Google

a kindly spoken word, a skillful helping hand adjusting an awkward presentation, a little medicin to help and sustain Nature seems to be worth more than worlds. But mechanical appliances and sanitation ever present do not contribute to the comfort, safety, or confidence of the woman. It makes a show, that conventional bag or satchel, but to the physician who would know how and when to use most of its contents it is not necessary, and to the physician who does not know how and when to use the contents it is a curse, to which thousands of women can testify.

We are living in a mechanical age, and the younger physicians are allured by the tempting multiplicity of instruments and other appliances.

To relieve the woman of as much pain, and protect her from all danger as is possible, and deliver the child alive and the mother uninjured are the chief ends of the accoucheur. These can be done with very little help apart from the hand, when it is properly directed. G. C. YOUNG, M.D.

Washington, N. J.

Laws Concerning Prevention of Conception.

EDITOR MEDICAL WORLD:—I notice your reply concerning the laws on prevention of conception in the December number, page 531; and while it is no doubt wise to instruct your readers on the subject, the fact is that the law you quote goes out with the last of this year, and a new law comes in on the 1st of January, 1910, which includes all the old, with some modifications which I call "for the worse." If you want to see the new law in the original print, send to the Document Room of the House or Senate, Washington, D. C., and get public document No. 350, a codification of the U. S. penal laws. You will find that it will soon be unlawful to mail any book or even letter telling "how to prevent conception or how to produce abortion." There is a large range of regular and orthodox medical books that will be unmailable if the law be strictly and fairly or consistently applied. Your article toward the end says that the Bible might be unmailable, and this will be the fact hereafter, because the Bible tells the story of Onan, and that story cannot be told and sent by mail. It becomes impossible for any popular book of hygiene to caution the public against unsafe and evil methods of prevention. It would seem about time for the medical profession to take a stand and speak its mind on this subject. It strikes me that any physiological fact or hygienic instruction ought to be printable and mailable, and that if free speech as guaranteed by the constitution means anything, it means that every citizen has the right of access to every scientic fact. I think Congress has no right to deny such access to knowledge, and I think furthermore that it is very unwise to attempt it. Statistics show that the masses of the people are controlling conception somehow. Doctors know that they are making a good many mistakes and doing themselves much harm by unwise methods. The new law will do absolutely nothing to improve people's manners and customs, but it will simply prevent the most proper and normal books of instruction being issued for the public benefit. Many will no doubt agree that a law which puts the Bible on the tabooed list of books is an evidence of inconsiderate, hasty, and foolish legislation. Doctors and medical publishers who sell only to doctors will *probably* be somewhat immune, but if they escape there is *no legal sanction for it.* They will all be subject to blackmail, malicious prosecution, and to cases started from spite. The fact that Dr. Malchow suffered imprisonment under such a law shows that doctors and medical publishers would be wise to be wary.

N. Y. TRUTH SEEKER.

The Old Doctor Gets Results.

EDITOR MEDICAL WORLD:—I see in medical journals articles now and then in regard to the displacement of the old doctor. These articles amuse the older doctors—as tho the old physician does not know anything about a Kelly pad or a stethoscope! Old physicians are students, and most of them are hard students with years of experience, besides their post-graduate work. During the past few years there has been developing and growing a spirit of denunciation: to attack, destroy and annihilate somebody or something; an iconoclastic spirit; an agnostic tendency. Medical literature has contained during the last few years a larger proportion of critical, condemnatory and deprecatory articles than ever before in its history. This spirit has found its way into medical societies as well as many other institutions. It is easier to denounce a fault than to suggest a remedy. The radical is eager to tear down, but often impotent to build up. The critic (in supposition) always finding fault with others

Digitized by Google

for what he cannot do himself. This kind of a critic will never build up anything. We must recollect and keep this grand principle always before us, that the touchstone of successful service is results.

R. R. HOPKINS, M.D.

Richmond, Ind.

Legs Burn and Itch from Poor Circulation and Constipation.

EDITOR MEDICAL WORLD:—I see in December issue of THE WORLD, page 530, that Dr. A. LeRoy Moore, of Claiborne, Ohio, wants help for a burning and itching of the lower part of his wife's legs, and I venture to give him aid. I will state that I think the cause of the itching and burning is due to a poor return of the circulation and standing upon the feet with tight hose supporters and probably underwear that is tight on the lower limbs. Constipation is a fruitful cause as is also indigestion. If the doctor will see that nothing in the way of tight underwear, especially that below the knee, be worn and discard tight hose supporters, correct constipation and indigestion if it be present, and apply with a feather or small mop of absorbent cotton to the whole surface a solution of equal parts of pure carbolic acid and camphor gum it will be relieved. When you rub equal parts of camphor gum and pure carbolic acid together it forms a clear, practically harmless solution for external use. Try it, Doctor, and let me hear from you if you are aided. F. L. BOTT, M.D.

Lexington, Miss.

Methylene Blue for Scalp Affections.

EDITOR MEDICAL WORLD:—In answer to the inquiry on page 483, November WORLD, I will say that methylene blue is employed locally as an antiseptic in Germany. The *Deutsche Medizinische Wochenschrift* publishes the following formula for inflammation of the sebaceous glands of the hair follicles in sycosis and similar affections:

Methylene blue	2|00
Distilled water	15|00
Lanolin, anhydrous	30|00
Zinc oxid	12|00
Bismuth subnitrate	12|00
Petrolatum	12|00

Mix and use as directed.

What advantage this ointment has over similar preparations I cannot say.

Vera Cruz, Mex. YGNACIO VADO, M.D.

Let us all try to have a happy and prosperous New Year. Those who have sent their renewals promptly have made a good start.

Tape Worm.

EDITOR MEDICAL WORLD:—A young man, aged 32 years, came to me last Saturday, Nov. 27th, and said: "I have been reading so much about hook worms that I believe I am full of them. Give me something to get rid of them." I gave the following, as it is my method of treating this trouble:

Saturday night I forbade his eating anything; on going to bed ordered 10 grains calomel, with first thing next morning a dose of Epsom salts; no breakfast being allowed. Two hours after the salts, 20 grains of thymol (at 8, repeated at 9 and 10 o'clock, or 60 grains in all). At 12 o'clock another dose of Epsom salts. At 1 o'clock P. M. Sunday he had the first action from bowels after taking the thymol, not only getting plenty of hook worms but a tape worm as well, all of this coming away as I found on examination for its head.

Do you think thymol a specific for tape worm or did it just happen so on this occasion? J. H. THOMAS.

Milvid, Texas.

[Here is a practical problem for the solution of which THE WORLD asks reports of all cases in which thymol alone or combined with a purgativ expelled tape worms.—ED.]

Shall Doctors "Bark" for Herpicide?

EDITOR MEDICAL WORLD:—Replying to Dr. Daniel P. Deming, of Cass City, Mich., in the December issue of THE WORLD anent the hair tonic "Herpicide," will say that I remember when some years ago the manufacturers of the article sent me a circular letter, along with the request to prescribe the preparation, to designate "Boro-salycil-resorcin Comp.—Newbro's."

This will, I think, give Dr. Deming a good clew and, if he has a little knowledge of drug compounding, will enable him to turn out a nice preparation by, perhaps, the addition of a few drops of caramel or other harmless coloring and delicately scented. The results will equal the advertised preparation.

However, the use of any gentle stimulating antiseptic mixture on the scalp would be as effectual since patient and persistent massaging of the scalp is what is most needed in the majority of cases of alopecia. If there is an inherited predisposition to baldness the average person will feel that it is "hardly worth the candle" to give the necessary time and

Digitized by Google

attention to what seems as an apparently losing game. Most any good antiseptic if well advertised will bring testimonials.

Clinton, Mo. F. F. NETHERTON, M.D.

[This is but one more instance of how nostrum-promotors "work" the profession and so foist their wares on an unsuspecting public.—ED.]

Sealed Caskets for Shipping Corpses.—Erroneous Ideas on Dread of Death.

EDITOR MEDICAL WORLD:—The calling of the physician is naturally antagonistic to activities of the "Grim Monster," Death, but their fields of duty touch and not infrequently lap over just a little. The débris of the dead sometimes jeopardizes the welfare of the living and then it becomes the duty of the physician to champion the interests of the living. It happened to me not long ago to be in a combination baggage and express car on the road of which I am local surgeon; and being of an observing turn of mind, I began to "nose around." In that car were a crate of cabbage, a half dozen bunches of bananas, several pails of creamery butter, two hunting dogs, and a corpse. There was an odor in the car that was simply terrible. It did not come from the rather dry cabbages, because the dogs frequently attended to application of water to them; it did not come from the bananas nor butter, as they are more apt to absorb gaseous emanations than to throw them off. It came from that corpse. Upon a little investigation I found that the body was inclosed in a far from tight casket and box, and had been on the way for four days without having been properly embalmed. The certificate tackt upon the box stated that the deceast died from "Quinsy," a non-contagious disease. I soon withdrew from the unsavory surroundings, leaving the unfortunate express messenger to his sad fate and allowed my mind to pursue other paths.

The following day at dinner I discovered something with my nose that brought quickly to my mind the scenes in the baggage car. It proved to be the butter. Adjusting my organ of smell close to the offending material I could distinctly recognize the corpse of the baggage car experience. On the other side of the table was a large dish of boiled cabbage. Knowing that my wife usually obtained such articles as butter and cabbage from the same grocer, I promptly removed all cabbage and butter from the house and personally saw them safe in the swill repository.

This condition of affairs should not be permitted by law in this country. State laws are not adequate to meet the varied routes of travel across state lines, so it should come under the supervision of interstate commerce. In my opinion all caskets intended for shipping the dead should be absolutely airtight as a matter of public safety. All other rules of safety are nothing compared to this one fundamental requirement. There is no possible objection from any point of view.

A prest metal casket which may be hermetically sealed by solder, with an observation glass to satisfy those who wish to view the face of the dead, can be made so that it is just as presentable to the eye as any of the crude boxes covered with flimsy black cloth and ornamented with shoddy trimmings not calculated to last longer than the journey to the grave. A corpse thus inclosed would be free from all present objectionable features which menace public health and offend common sense.

I have no way of satisfying myself whether that corpse referred to came to its condition of repose from the effects of "quinsy" or from a concealed contagious disease called by that name in order to evade the rules of shipment. That danger exists, however, in all such cases. There is no good reason why such dangers should be permitted. If the requirements of public safety have any force whatever, there can be a law inforced requiring all receptacles for shipping the dead to be of such materials and of such construction that no emanations of offensiv or dangerous material of any kind can escape.

Besides the objectiv bad effects of offensiv and dangerous conditions of a corpse, we may well consider the mental impressions which assist other unreasonable but quite common feelings of dread and fear of death itself. Death is but a natural transition from one stage to another. Its inevitable nature and usually painless accomplishment should be used to educate common sentiment away from the awful fear of death which is so prevalent. I say painless advisedly. I who write this once passed the portals of death. I fell into the water near the churning wheels of a Mississippi River steamboat, and my efforts to reach the surface were prevented

Digitized by Google

by the swirl of the water from the wheels. I was conscious until the water entered my lungs; and then with abandoned hope, a dreamy unconsciousness supervened.

As I recall the sensations now, I felt no pain. A slight smothering sensation, a buzzing sound, a sensation of distance and nothing more. With no interval of appreciable time I was then being carefully attended in the cabin of the steamer and, after a rather painful period of lung irritation, I was again back in the land of the living. The recovery was far more painful than the death. In my opinion a gentle death, coming at the natural end of life's troubled journey, should not be dreaded.

The dread of death is the result of ages of influenced sentiment in that direction. We love to live, but the troubles and sufferings of life after a while become a load much more to be considered a burden than the joy of life a pleasure.

And so it is that the old usually contemplate death with feelings of complacency and even a longing for that peace and freedom which is only to be found when the ills of life are left behind.

Oh, Gentle Death, I Dread Thee Not.

This journey brief which we call life,
Replete with sorrows, pains, and tears,
Is but the threshold of our Home.
The storms of life, the doubts, the fears,
We leave behind when gentle Death
Invites us in, no more to roam.

Yes, Gentle Death. He ope's the door
To welcome us to realms of peace.
No relic of the world's sad woes
May enter there. When heart beats cease
And eyelids close in dreamless sleep,
We leave behind revenge and foes.

Why weep; why grieve; why vain regrets?
The dead have only gone before
To higher, better, joysome life,
And soon we'll follow thru the door,
To gladly clasp their friendly hands,
Old loves renew without the strife.

Oh, Gentle Death, I dread thee not.
When I have done my mission here,
Come; take my hand and lead me thru
The shadows. No cause have I to fear
Thy kindly touch. I'll welcome thee:
God wills it thus; His words are true.

Marshall, Minn. A. D. HARD, M.D.

Some probably will lag in sending in their renewals—*some* always do; but don't *you* be one of them—please.

COAL CITY, ALA., December 6, 1909.

EDITOR MEDICAL WORLD:—It is not yet time for my renewal, at least I have not received bill. But don't stop the "side issue," and by all means give us Father Cummins' letter, your reply, and lots of the other good articles which this discussion has brought to you. Of course we don't believe all that is said on either side; we don't have to: but it is educational to hear both sides so well argued. Don't leave off yet, for the surface is barely troubled. Dr. Hinkle's pamphlet is good. Continue the fight against narrow-mindedness. E. C. HARRIS.

Zygomatic Dislocations and Fractures.

EDITOR MEDICAL WORLD:—It has been my experience in a number of cases to run across a rather peculiar condition which is not very extensivly discust in the books, altho it is mentioned in some of them, and that is a *dislocation of the malar bone.*

One might consider this either as a fracture or a dislocation, since it is a dislocation of a bone all of whose attachments are synarthrodial.

As the condition is rather rare, and in the cases I have seen, the treatment usually described was impossible, I thought it might be of interest to some of the readers to hear of these cases, and I would certainly be glad to hear in regard to the sequelae following such injuries any of the brothers may have noted in their experiences.

The first case coming directly under my observation was in the clinic of Dr. J. B. Murphy, in Chicago. The patient had had a severe fall, striking on the side of the head, and the zygomatic portion of the malar had been deprest and the orbital portion made more prominent, which is the typical injury in all cases. This case was reduced, and suffered no sequelae at all, except a temporary infraorbital anesthesia.

The next two cases were in my own practise, and in both of them I reduced the dislocation by the following method: A skin incision was made just beneath the end of the deprest portion of the malar, and then the fascias were separated with a blunt dissector which precluded injury to even the finer nerves, and then the bone was raised by placing the end of a periosteal elevator under it, and simply lifting. This required about forty pounds of lifting force in both cases, and after the first case I lookt thru all the texts available for any better method and found a method described, which was to insert the finger in the mouth behind the molar teeth, and make pressure from within. This I knew would not have succeeded in the case I had, and in the second case I tried it without any success.

Another patient had been a surgeon in the British navy for four years, and previous to that had been a regular practician in England. He is now practising in New York City, and I have been able to keep track of the case. In his case infraorbital anesthesia was present before the operation, which was done within two hours of the injury. Also there was a little ptosis, all of which disappeared within a few weeks, with no further sequelae.

Digitized by Google

Since then I have seen two cases in which the injury was of long standing, in one of which serious reflex eye trouble was present, and in the other nothing but a slight ptosis, and slight anesthesia, but in neither had the deformity been reduced, nor had the actual condition been diagnosed; and in both of these cases the injury was produced by a powerful blow of a fist on the zygomatic arch.

Just the other day a much more interesting case came under my observation, in a patient who had had this same injury, due to a blow on the zygoma from a head of a railroad spike, knocked off by a sledge hammer, and in whom no attempt had been made to reduce it, and indeed, the small open wound which had been caused was apparently neglected, and a *complete facial paralysis* had resulted, apparently due to the very large callus between the two pieces of the zygoma, plus, of course, the surrounding inflammation of the soft tissues. This injury occurred last March, and there are no signs of any improvement in the paralysis which came on shortly after the injury.

The main thing these cases show is that dislocations of this sort are commonly overlookt as, for instance, in this last case. The man was in a hospital for some time and no attempt made to correct the injury or do anything for it.

The open operation, under aseptic methods, offers the best chance in most cases, with no difficulties in any of them.

In spite of the fact that the bone is badly impacted, there are two points where there is considerable separation: that is, just beneath the eye, and along the zygoma, and at either point the callus formation may give trouble.

I would like to know if any one has observed cases where nerves any more remote than the second, third, fourth, fifth, sixth, or seventh have been involved, or interesting cases involving these nerves?

Kirksville, Mo. GEORGE A. STILL.

Dr. H. Brumdage, of Bloomville, Ohio, sends a photograph of the back of a man 78 years old, upon which is a carbuncle which requires a piece of gauze 7 by 8 inches to cover it. It has been of four weeks' duration, and the patient has a very good chance for recovery.

Credits are now limited by the P. O. Dept.; so kindly do what so many others are doing, send in your renewal promptly. But if you should not want THE WORLD for 1910, have the kindness to say so—no trouble to write a postal card.

Two "Bumps" for the Editor.

EDITOR MEDICAL WORLD:—Inclosed please find check for $4, for which you may send me three WORLD Binders and advance my subscription for four years. I like many features of THE WORLD, but think the Editor slopt over a little when he got to dabbling in religion in the "Monthly Talks." I cannot agree with his views for a single minute. If everybody held views like his, what sort of a world would this be? As soon as you take away the divinity of Christ, you have knockt the bottom clear out of the whole thing. Did any one ever hear of an activ Christian missionary who was making great sacrifices to carry the gospel to those that knew it not, either at home or abroad, who was a Unitarian? No. Such ideas are only promulgated among the educated and those who owe their civilization to the sort of religion in which Christ is held up as a Divine Saviour. If promulgated among uncivilized heathen, how long would it take to reform them?

The Editor, in his views on pneumonia, reminds me of the old rule to tell whether you have mushrooms or toadstools. Eat them; if you die, they were toadstools; if you don't, they were mushrooms. If you have a case that shows every symptom and indication of beginning pneumonia, and you treat it as if it were pneumonia, and stop the progress of the disease at the stage of congestion, or have very little hepatization, so that the patient is around in four or six days, then it *wasn't* pneumonia, after all. If, in spite of your best efforts, the case passes thru the usual stages of typical pneumonia, then it *was* pneumonia. In other words, if you succeed in aborting it, it was not pneumonia; if you don't, it was. You see, you have to wait till you see what the case is going to do before it will be wise to tell the family and friends what the diagnosis is. Well, he may be right; but up here in Minnesota, where we have lots of it to treat, many of us *think* that we do, *sometimes*, abort it.

Yours fraternally, W. C. ROBERTS.

Owatonna, Minn.

[This brother speaks out in no uncertain tones. Can any one come to the Editor's rescue? We do not happen to be posted on the missionary activity of the Unitarian denomination. As to pneumonia, we can all agree that the proper and efficient *treatment* of acute chest cases is of greater importance than what we call these cases. Will Brother Roberts kindly give us his treatment?—ED.]

Read This, and Drop a Tear.

AURORA, ILL., Dec. 9, 1909.

EDITOR MEDICAL WORLD:—I have the honor to return your subscription blank for THE MEDICAL WORLD for the year 1910. When I subscribed for THE WORLD I was under the impression that it was a medical publication. I have a better understanding of the facts now. As I have a Bible, and sufficient knowledge to keep out of the hands of stock sharps, and thoroly *detest* your so-called "reform spelling," I've concluded to dispense with the visits of THE WORLD until it becomes sane and sensible, and until its profession and its practises agree.

Yours, etc., C. D. MOWRY, M.D.

[This brother came to us on trial at 25 cents for 1909. Evidently he doesn't like us. Well, we can't please everybody. We have about one-fifth of the general practise physicians of this country with us, and perhaps that is all we should expect. Regarding our spelling: It is no longer "reformed" spelling. The simplified forms are being adopted so rapidly by the best publications that it is becoming commonplace; and our notice concerning orthografy has stood so long on our first editorial page that I have been intending for a long time to remove it, and now we begin the present volume without it. Our

Digitized by Google

Illinois friend may cling to the old as long as he wants to. We have advanced to the new.

We congratulate him on being so safe from the machinations of swindlers. We hope that he may never have occasion to awaken to find that his security has been fancied instead of real, and that friendly counsel would have been a good thing, after all, even for him.

He says he has a Bible. So have we all. I have many of them, in numerous translations and revisions. But many possessors of Bibles do not know the simplest facts *about* the Bible. Who wrote the Pentateuch? Moses, we used to say in Sunday school. Who wrote the Psalms? David. How old is the world? About 4,500 years. What language did Jesus speak? Hebrew. In what year was Jesus born? In the year one. These and dozens of other simple and primary questions we used to answer glibly and confidently. And those of us who have allowed ourselves to advance from the primary class since our childhood have learned that these answers are *all wrong*. And, strangely, by many otherwise good people it is considered "wicked" to advance beyond the primary class—in matters concerning the Bible and religion! Possibly our confident Illinois brother who "has a Bible" is still in the primary class. Be that as it may, I am being abundantly assured that our WORLD Brotherhood sees the importance of encouraging Bible intelligence and discouraging Bible ignorance—even in a medical journal.—ED.]

A Charter Member Speaks

DEAR DR. TAYLOR:—I am inclosing check—$3.10 for renewal of my subscription four more years. I have been a regular subscriber to THE WORLD ever since 1883, commencing with vol. I, No. 1. How many of the original or first-year subscribers have you on your list now? I would like to know.

I agree with you *fully*, both politically and religiously. I am a follower of Jefferson and Paine in politics, and of Renan in religion. I am also a warm supporter of Bryan.

Tom Watson, whom I have known the last thirty years, is too waspish and vindictiv to be of any good to anybody.

Under Taft the Hanna-McKinley political regime is fully restored. As I wrote you three years ago, there is no hope. Money will always control the elections and the policies of this government. But it is altogether profitless to moralize over what has been; and your Monthly Talks will have but little weight or influence with a people "corrupt and contented." A. C. DAVIDSON.

Sharon, Ga.

[I am very glad to hear from one who has walkt with me for over a quarter of a century. I did not know that there were any such, and if there are any more, please speak up. The opinions of a man who has been with us all these years are interesting. However, let us not take as hopeless a view as Dr. Davidson does. What he says about money controlling elections is at present true, but let us hope that it will not always be true. When we have the possibility of Direct Legislation by the people, thru the Initiativ and Referendum, it will not be true.—ED.]

EDITOR MEDICAL WORLD:—I know I have been negligent in sending my dues for subscription, and to avoid any more trouble to either you or myself for some time to come, I herewith inclose my check for four years' subscription. Not saying anything about my different views from yours in religion or politics, I always like to read yours. I very seldom find many differences in our views on medical topics, and I always look forward to receiving THE MEDICAL WORLD because of the "good horse sense" contained in the editorials, and because it is with much interest I read and agree or disagree in my own mind, with authors of original articles publisht.

Brooklyn, Mich. Yours truly, E. H. FOUST.

He was just going to pay a note when it went to protest.

He was just going to help a neighbor when he died.

He was just going to send some flowers to a sick friend when it proved too late.

He was just going to reduce his debt when his creditors "shut down" on him.

He was just going to stop drinking and dissipating when health became wreckt.

He was just going to provide proper protection for his wife and family when his fortune was swept away.

He was just going to introduce a better system into his business when it went to smash.

He was just going to call on a customer to close a deal when he found his competitor had preceded him and secured the order.

He was just going to quit work awhile and take a vacation when nervous prostration came.

He was just going to repair his sidewalk when a neighbor fell on it and broke a leg.

He was just going to provide his wife with more help when she took to her bed and required a nurse, a doctor, and a maid.

He meant to insure his house, but it burned before he got around to it.—*Success Magazine.*

Can you add any "just going to's"?

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Universal Alopecia—Aggravated Case.

EDITOR MEDICAL WORLD:—I have a case that I would like the Editor or some of the WORLD readers to offer some suggestions as to diagnosis and treatment: Mr. B., aged 64 years, unmarried, of good habits, uses no tobacco or intoxicants. His hair has nearly gone from his head and is disappearing from his body; is beginning to fall from his upper lip; has no whiskers, only on lip. Scalp itches some; no rash on scalp or on body. No visible signs of any disease on scalp or body. No history of venereal disease of any nature; in fact, he has nothing to do with women. I am giving him iron, arsenic, strychnia, and phosforus; locally, a hair tonic composed of resorcin, jaborandi, quinin, and a liniment of soap, with bay rum. Will you kindly advise me?

The patient has some stomach trouble and is somewhat constipated; otherwise he is healthy and a man of leisure. Have known him all my lifetime, as he is a brother of mine.

Athens, Pa. S. W. BADGER.

[The case is one of universal alopecia, without doubt, and the prognosis as regards any permanent recovery of the hair is bad. Cases developing at the outset a widely distributed loss of hair are the most unfavorable, and this is one of that type.

Your tonic treatment is all that can be done for him, except that experience has shown that arsenic should be incorporated in the tonics given these patients as it seems to have some selectiv action which encourages a growth of hair when the administration is long continued. The scalp

Digitized by Google

is to be wet with a solution of 3 drams of formaldehyde in a pint of pure bay rum (imported) once in three days. Any of the stimulating agents commonly incorporated in hair tonics may be used as a local application, embracing equal parts carbolic acid and glycerin, lightly applied; tar; betanaphtol; corrosiv sublimate, 15 grains to the pint; chrysarobin, 10 to 40 grains to the ounce of ointment; tincture of capsicum; tincture cantharides; etc. It is essential that whatever agent be selected, that it be used in strength sufficient to induce a stimulation of the parts, and the scalp especially tolerates strong applications nicely. If dermatitis develop from the strength of application employed, allow it to subside by suspending application, and again resume.—ED.]

Treatment of Stammering.

EDITOR MEDICAL WORLD:—I have a son 14 years of age who is troubled with stammering. Had a pretty severe attack of pneumonia when 4 years old. He is reasonably well developt and ordinarily bright in his studies; he is in the ninth grade. Has stammered some since he was six or seven years of age, but seems to grow worse at times. What can I do for him?

Blair, Okla. W. H. CLARKSON.

[The treatment of stammering is altogether educational, of course, and it will be necessary for you to purchase a book giving details of the systematic instruction which has proven successful in the hands of those making a specialty of this line of medicin. Write to W. B. Saunders Company, Philadelphia, or to P. Blakiston's Son & Co., same city, and they will quote you prices and send circulars.—ED.]

What is "Sargol"

EDITOR MEDICAL WORLD:—Can you tell me anything about "Sargol," given to produce fat? A patient of mine wants to try it, but I should like to know what it contains first.

Antrim, N. H. E. G. DEARBORN.

[Can any one give us any information on the content of the article in question? The Editors cannot give any information.—ED.]

Strong Medicins and Impotence.

EDITOR MEDICAL WORLD:—I read THE MEDICAL WORLD carefully every month, and think it the best of all the journals I take. Now, Doctor, I will ask you a personal question or favor. Here in the South where we have so much malaria, I have so many calls for loss of manhood (impotency) I thought I would write you for a prescription (or prescriptions), as I have used P. D.'s, Lilly's, iron, quinin, and strychnin, etc., but they do not seem to do so well. Here in the South we give big doses of strong medicin for malaria, and I attribute that as the cause; so if you will send me a prescription or two I will try them and appreciate it. DR. H. D. BURRUS.

Argenta, Ark.

[Perhaps, Doctor, you "carefully" read the literary pages, and pay no attention to the advertising pages. If so, you miss many good things. We are now carrying an advertisement of a compound of chromium sulfate which is interesting because chromium sulfate is the latest aphrodisiac to attract any considerable attention from the profession. The advertisers are fair; they admit that there is no "specific" medication for loss of sexual power or desire, and in this they tell the absolute and unvarnisht truth. The profession has never had a "prescription" or any single remedy on which they could rely as absolute in every case; what helps one will fail in the next, naturally, since such weakness develops in different individuals from different causes and must be treated in different manners. Hence we beg to be excused from perpetrating a prescription for "lost manhood." If you will carefully study each case, considering his habits of life, possible excesses, age, reasons for seeking aid, mental state, general nutrition, etc., you can easily devise a medication which will do him good, in time. We make a routine practise of having all patients under treatment for this trouble douche the genitals with the coldest water obtainable for three to ten minutes, morning and night, followed by enuf friction with a coarse towel to promote good reaction. Among the drugs employed in these cases, we might mention strychnin, cannabis indica, cantharides, phosforus, gold chlorid, yohimbine, cimicifuga, serpentaria, sanguinaria, iron, ergot, bitter tonics, and meat diet. The ergot is particularly good in cases complicated by failure to obtain an erection, or with varicocele. Damiana has been extensivly employed, as has saw palmetto, but few physicians derive any benefit from either.—ED.]

Modern Methods for Paralysis Agitans.

EDITOR MEDICAL WORLD:—Please ask the readers of THE WORLD thru your columns if they can suggest any treatment for paralysis agitans. I am 53 years old and have been in activ practise thirty-three years. I have great agitation of the left hand and arm, and also the left leg; contraction and stiffness of the flexor muscles; slowness of gait; pain in the back of legs and thighs. Please suggest treatment thru THE WORLD. I have lost about 35 pounds in three years and a half. R. M. WILSON, M.D.

Hope, Ark.

[Tho so few cases are cured that it has come to be lookt upon as incurable, cases of

Digitized by Google

perfect cure are recorded, and your age is favorable. You should combat the contraction and stiffness by a series of directed movements, activ and passiv, according to the muscles involved. Electricity, preferably in the form of electrical baths, if available, is beneficial without any doubt. If the bath is not available, use the constant current with anode along the spine, and cathode along the course of the nerves from where they leave the vertebral column to the periphery. Internally, phosforus and cod liver oil, over a long period, have been more used and more successful than any other class of agents. A combination of conium, gelsemium, and hyoscyamus generally proves useful, but quite large doses are sometimes required. We suggest combining the electrical baths with internal treatment and exercises as above suggested. —ED.]

The Opsonic Index Theory.

EDITOR MEDICAL WORLD:—Where can I get a monograf or small work on "Wright's Opsonic Index Theory"? Plenty of references are made to it, but I want the whole story. Your MEDICAL WORLD is a great help to me. DR. L. F. LONG.
Fredericksburg, Ohio.

[Studies on Immunization, and Their Application to the Diagnosis and Treatment of Bacterial Infections. By Sir A. E. Wright, M.D., F.R.S., containing 466 pages, is sold at $4 net, by Paul R. Reynolds, 70 Fifth Avenue, New York, N. Y. It is the only place you can get the "whole story," and you get it from first hands.—ED.]

Chronic Pemphigus in a Child.

EDITOR MEDICAL WORLD:—A child 6 years old, boy, general health good, has an eruption of the skin which began the next day after he was born. The eruption begins as a vesicle from the size of a pin head up to a quarter and, if not punctured, fills to an enormous size; a scab forms and dries up and peels off, leaving a smooth red base. Not much pain, itching, or swelling. The nails of fingers and toes are all gone. Father and mother strong and healthy. Mother had acne for four years but was well a year prior to child's birth. This case has been the rounds of several doctors and came to me a month ago. There is not a single inch of skin, including the scalp, but what has been affected. The treatment has ranged from the x-ray to ointments galore without a particle of improvement. My treatment has been thiol internally and externally, iron, quinin, and strychnin, and magnesia sulfate. Very slight improvement. As this is my first appearance I will not ask for much; just a diagnosis and treatment.
Lancaster, Mo. W. A. POTTER, M.D.

[We deem the case one of chronic pemphigus, and reach this conclusion by a process of exclusion, since no other disease presents the features you describe. At the same time, the duration is longer than ordinarily noted in these cases. Acting on this hypothesis, we advise opening the blebs as soon as they form, and repeatedly sponging them with a 1 per cent. creolin solution. This treatment was effectiv in a number of cases in a New York infant asylum some years since. The only internal remedies of value are arsenic, quinin, and strychnin. combined or singly; and building up agents, like cod liver oil. All must be given in large doses, and over a long period, good effects often appearing long after even the most sanguin had given up all hope of benefit. Children, you know, bear arsenic well, and by greatly diluting Fowler's solution, the dose is very easily managed and increast as tolerance is establisht, and often surprisingly large quantities are well borne. One must always consider the possibility of syphilis in such cases as this and, if there is any suspicion of anything of the kind, the treatment must include, of course, the indicated remedies for this malady. However, the mere existence of pemphigus is no valid reason for accusing either parent of being infected, as we have many cases of pemphigus where positivly no syphilis can be traced.—ED.]

Reed on "Gynecology."

EDITOR MEDICAL WORLD:—Can you recommend Reed's work on Gynecology for the general practician? If you can, kindly advise me who has the agency for the publication. E. T. KREBS.
Carson City, Nev.

[Reed's Gynecology is a subscription book selling for $5, and is not furnisht for review, so I can tell you nothing about it. Any book dealer can get it for you.—ED.]

Recent Standard Text-Books.

EDITOR MEDICAL WORLD:—If not asking too much of your valued time, will you or one of your coworkers give me a line on the last edition of the Reference Handbook of the Medical Sciences? I have the 1886 edition. Knowing your advantage in reviewing new editions of books, is there enuf improvement in this edition over the '86 edition to justify the expenditure of the price?

Please advise me as to the best work on surgery (one, two, or more volumes) for a general practician who does considerable surgery.
Wheatcroft, Ky. J. F. CRAWFORD.

[The Reference Handbook of the Medical Sciences does not come to our reviewer's table, and we can express no opinion. As a single-volume surgery, we think you would like Bickham, publisht by W. B. Saunders Company, Philadelphia, at $6.50;

Digitized by Google

third edition out in 1909. If you care to go into a five-volume set, Keen's Surgery, by the same publishers, at $7 per volume, is fine and late. It is not possible for us to say that any given work is "best" for any particular man; any doctor doing much surgery should have several late works on hand at all times, and it is a good plan to have them from different publishers. The fourth edition of Binnie's Operativ Surgery is just off the press of P. Blakiston's Son & Co., Philadelphia, in two volumes, at $3.50, and this work has been a prime favorit among all classes of practicians. The same publishers have a deservedly popular work in Jacobson & Rowland's Operations of Surgery, in two volumes, 2,000 pages, selling at $12, lately off the press.—ED.]

Rational Treatment of Nocturnal Enuresis.

EDITOR MEDICAL WORLD:—Herewith my dollar, and I feel as if I am cheating you. I have a case that is puzzling me and maybe you can help.

Boy, 10 years old, family history o. k., also personal history except for the fact that he has had nocturnal enuresis since birth. Has had several physicians with no benefit.

The little chap is healthy, bright in school, and keenly feels his infirmity. I have examined the urin and it is normal; his prepuce is loose and not adherent; he has no worms.

He has good control of bladder during daytime and passes a normal amount and not too frequently. Have tried tying towel around him with knot in back; elevating foot of bed; emptying bladder at bedtime, and restricting drinks after 5 p. m.; have had his father set an alarm clock for 2 a. m. to wake the boy and have him urinate. This was tried for two months and as soon as it was stopt the trouble returned as before.

Have put him on ergot ½ grain, strych. sulf. 1-200 grain, ext. belladonna 1-64 grain, four to five times daily for two weeks with no amelioration of symptoms. Have attended to his bowels, regulated his diet, and had him on elix. iron, quinin, and strychnin for some time, but so far I have failed to do him a particle of good.

Unless I can get some help soon I shall commence to dilate his bladder daily with a boric acid solution and continue this in lieu of anything better until some change is noticed, or until I lose the case. Have you anything to offer? The boy has no pain nor tenderness nor fever, and is activ and healthy in every other way.

Cloquet, Minn. ALEX. BARCLAY.

[Your handling of the case so far is to be commended, but we think we would try further medication before proceeding to anything like bladder irrigation. We have had some very satisfactory results following the administration, hourly, of ½ minim doses of tincture cantharides. We suggest that you hardly tested the belladonna, as you know children require large doses of this drug to produce the physiological effect, and less in enuresis is useless. We like to use the tincture, or, in some cases, atropin seems to do better, in doses of 1-150 to 1-60 grain. Santonin, regardless of any question of worms, in small doses, has a decided beneficial action in many cases. Small doses of turpentine have acted like magic in some instances; 10 to 15 minims of the fluidextract of rhus aromatica, four times a day, in glycerin and water, has great repute. One-dram doses of fluidextract of scutellaria, three times a day, will often cause abrupt and complete cessation of the troublesome symptom. The starchy foods and the consumption of meats should be strictly limited; indeed some cases have shown a cure immediately on prohibiting any meat at all, and without aid from any medicin. The above suggestions may put you on a new line of thought which will help you out.—ED.]

Nocturnal Enuresis With Urinary Decomposition.

EDITOR MEDICAL WORLD:—I wish to ask a few questions to be answered by you and the corresponding fraternity thru the medium of THE WORLD, that I consider of vast importance to me. I have a case in charge and will give the history as follows: A female began when about 4 years old wetting the bed (two or three times during a month) and, as she grew older became worse, until now she is 12 years old and wets the bed every night unless taken up several times during the night. The urin has a garlicy stench that is most unbearable,.

Now, if the Editor or any of the family know of anything that would be of any benefit in a case like this, I would be proud of the remedy at once. I will also add that the subject under consideration is fairly well nourisht, intelligent, neither overgrown nor dwarft, and shows no signs of abnormality whatever. I am called on frequently to treat such cases and, as I have no special work on this subject, desire some help along the line which I am sure some one will be able to give at once. A. I. HUTTO.

Damascus, Ark.

[There is no specific for nocturnal enuresis, and each case must be studied and treated as a separate entity. In this issue you will note a reply to a query of Dr. Barclay, of Cloquet, Minn. We will allow the one answer to apply to both cases as they are exactly similar. You should, however, put your patient thru the same regime the Doctor did before instituting a drug therapy as these hygienic measurers frequently result in a cure alone and unaided and, in any event, are a positiv and powerful ally to any medication selected. In the case of a girl you should see that the clitoris is not adherent, and that there is

Digitized by Google

no abnormality about the genitals which might keep up a reflex irritation. You will, too, of course, exclude the presence of worms. We suggest trying hexamethylenetetramin as a correctiv of the abnormal odor, and if it fail, we would wash out the bladder every day with a solution of boric acid or potassium permanganate. This odor is probably caused by decomposed urin.—ED.]

Worms Complicating the Climacteric?

EDITOR MEDICAL WORLD:—As a reader of THE WORLD, I would like to ask help in the following case: Mrs. D., middle-aged woman, mother of four children, all well and healthy, has been in poor health for several years. Has been treated by several doctors for nervousness, female trouble, etc., without any permanent benefit. Appetite erratic; sometimes can't eat anything; then again ravenous; wants to eat a great deal of meat; is anemic, nervous, and irritable. Occasionally she has what is called a "fit," *i. e.*, the muscles become rigid so that the limbs cannot be flext and loses consciousness. This will last from a half to one hour, then relaxation sets in and consciousness slowly returns, leaving her greatly prostrated. She complains of headache, especially frontal, of failing vision so that she can't read ordinary type, and has developt a very markt squint. These symptoms kept gradually getting worse until one day she vomited up two large round worms, 12 to 14 inches long, about the size of a lead pencil. According to her own story, they wriggled across the floor like snakes, with head elevated and had the facility of becoming thick and short or long and slender, pointed particularly at the tail end. She was alone in the house at the time and, gathering them up in a cloth, threw them into the fire. After that she felt real well and happy for a time; then gradually developt the same symptoms, vomiting up another pair. This occurred several times, just two each time and about the same size. Then, finally, not long ago, she vomited up eleven at one time, varying in size from 12 inches down. Then she felt real good for a long time. Now she is having the same symptoms again. She used to have seat worms when a little girl, but hasn't passed any worms thru the bowels since then, to her knowledge.

Now, what is the best thing to do for this case? Any help you or the WORLD family can give me will be greatly appreciated, as the patient is a near relativ of mine, a brother's wife, living at a distance from here and I have not had an opportunity to make a thoro examination. Never saw her but once, and have only my brother's account as stated above to go by. She is not getting any benefit from her physician, so they appealed to me for help and I am particularly anxious to do the very best thing for her. I am holding the case over for investigation and study. I shall be glad to hear from you by personal letter. Then, if you wish, you may make an abstract of this and publish it in your query department. W. H. DODDS, M.D.

Briggsville, Wis.

[Doctor, we must absolutely adhere to our rules printed in each issue at the head of the Quiz column, which see. You could safely send this case santonin and calomel tablets, by mail, taking the precaution to give doses every four hours till three doses have been taken, and then to follow by a castor oil purge if free catharsis has not occurred. We suggest the use of ½ grain each of santonin and calomel in each tablet, as providing the most manageable dose. As you do not state her age, we cannot guess whether or not the nervous disturbances of the climacteric period might be a factor in the nervous manifestations. The santonin should be given in several courses, so that all of the worms will be eradicated. It is quite likely that you will need to give her nerve sedativ medication to break up the habit of nervous discharge which the worms have probably instituted, even after there are none left; it resembles epilepsy too closely to permit one to be comfortable. We suggest pills or tablets of camphor, 1 grain; extract hyoscyamus and extract valerian, of each ½ grain; every three hours till nerves are quite steady, then repeat when required. Put her on an elixir of peptonate of iron and manganese, of which there are several very good preparations on the market. If you have any doubt (and we have), as to the proper correction of any refractiv errors, have her consult a good oculist.—ED.]

Tinea Versicolor Successfully Treated.

EDITOR MEDICAL WORLD:—I am a reader of your journal and will say that I think it superior to any journal publisht for the small sum we pay for it. May I ask you to report thru your journal, or otherwise, your opinion on the following case? Mr. B., a traveling salesman, age 29, married, who until two years ago was in good health with the exception of gonorrhea six years ago, which lasted seven months before the discharge was stopt, and has not bothered him since. Two years ago he began to discover a yellowish discoloration of the skin of the chest, which has since spread until it now covers the entire chest, abdomen, and back, but none on the face or extremities. Patient feels apparently well at times, always feels tired and sluggish for two or three hours after rising in the morning. He complains of backache and, as he expresses himself, his eyes feel heavy and as tho they were drawn back into the orbits. Temperature and pulse are normal. Urin has been examined with no abnormal findings. Bowels are in good condition. I have given him tonics, also tried Fowler's solution. He has tried several other doctors, with no results. Can any of the doctors diagnose the case and suggest a treatment that will cure him? S. M. HIBBARD.

Sabetha, Kan.

[Your description immediately suggests tinea versicolor. If we are right, the fol-

Digitized by Google

lowing treatment will soon effect a cure, but he will need to be on his guard for a return of the trouble, since it is next to impossible to eradicate it from the clothing.

Have him scrub the skin with the following soap combination once or twice daily:

Sulfur precip. 3 2
Green soap, enuf to make.....℥ 2

using a bath brush if his skin will tolerate it. Immediately follow this scrubbing by complete rinsing and drying, and then rub in for two minutes a solution of hyposulfite of soda, 2 drams to an ounce of water, afterwards "dabbing" it on lightly and allowing it to dry without use of a cloth.

If the skin will not tolerate the use of the sulfur and green soap twice daily try it once. If it still becomes intensely irritated, try the use of any ordinary good toilet soap, with hot water. Scrubbing is an essential of a speedy and certain cure, as the outer epidermis must be removed before the medication has a chance to reach the seat of the trouble. A two or three weeks' course will probably cure him, tho it may take longer. We generally persist for a month, if the case proves inveterate, before we think of changing, as this treatment has been more satisfactory in our hands than any other. Tonics and eliminativ medication are probably indicated for his general condition, but can have no possible effect on the actual symptom complained of.—ED.]

Weeping Eczema.

EDITOR MEDICAL WORLD:—Mrs. F., age 51, has two grown children. Has never been sick until about two years ago. She had a stiff neck, her head somewhat drawn to one side and has remained in that position. She is somewhat nervous. On close observation a slight twitching of the head and neck is noticeable. Her appetite is good; in fact, she indulges too freely in rich food, candy, etc. Bowels act regularly, kidneys are normal; does not sleep as well as she should. About three months ago I was called at 1 a.m. to see her; found her frothing at the mouth, unconscious, trembling all over, pulse weak and beating 120 per minute. Before I had time to administer anything she opened her eyes and wondered what I was doing there. Next day she was apparently well. Has had no repetition of the above.

About three weeks after this attack her ears began to burn. Within a few hours her neck and face were very red and swollen; the ears began to weep very freely a thin, watery discharge, so much so that she was compelled to keep a cloth on to absorb the discharge. I applied a lead and opium lotion. The next day her condition was very much better; in a few days apparently as well as ever. Since then this condition, or rather this eczema of the ears, appears every two weeks, and at present is not confined to the ears and neck but has appeared on her limbs and wrists. For the past two years she has been menstruating about every two weeks, and always very freely. Since she has had this trouble her periods are not so frequent. She is a woman who takes excellent care of herself, with the exception of her eating.

H. J. R., M.D.; Penna.

[It is likely that the eczematous attacks will subside after the climacteric is passed. Meanwhile, since your local application has been so successful in promptly relieving the symptom, we certainly would not change it. The trouble in the neck would be labeled, of course, torticollis; but the name does not indicate the origin of the trouble nor the line of therapy. We believe that if you will place this woman on strong nerve sedativs like strontium bromid (or the potassium salt, if she can tolerate generous dosage), extract valerian, extract hyoscyamus, camphor, etc., that her condition will be much improved. The convulsion might have been partly brought about by the continued nervous irritation incident to the menopause.—ED.]

Pain in Breasts Neurotic?

EDITOR MEDICAL WORLD:—As I have not troubled you before, I am going to ask your or the family's help on the following case before I waste all my ammunition on it and the medical profession gets a slur cast upon it by being unable to relieve the patient. She has been going the rounds now for a couple of years, and has just returned from the hospital where she was under the care of a specialist; and now is home with no relief at all.

But for the pain in her breasts the patient is as healthy as can be. Mrs. X., age 49, 163 pounds weight, about 5 feet 9 inches in height. At the age of twenty-eight she had one child, born at the eighth month from excessiv amount of ammotic fluid rupturing the sac and bringing on labor. She had to be assisted by forceps, the child living but a few hours; there was no laceration. Since then she has not been impregnated.

Her monthly periods were always regular in time, but usually stopt on the fourth day, to begin again the next day and then end. Slight cramps the first day; otherwise no trouble at all.

About twelve years ago she came West and, as a result of the journey, had a misplacement of the uterus backward and, later, prolapse. This caused constipation so severe that the stools were rubberlike.

About two years ago the constipation began to disappear and the uterus to regain its normal position, so that she could no more touch it with the end of her finger. But now she began to have pain in both breasts; they felt sore, bruised, and ached from the armpits to the nipples. Sometimes one would ache more than the other, and then there were spells when she felt pretty good. There is no sign or symptom of any growth in the breasts. About a half year after this started

Digitized by Google

menopause began with scarcely any trouble whatever and, as far as the monthly periods went, these soon ceast.

The specialist had her on ovarian extract, stating that the pain in her breasts was due to the contracting of the ovaries, but this remedy gave no help whatever. The only relief she got was from heat applied to the breasts. I don't believe the ovaries contract till quite late, but that the pain is due to contraction of the uterus, as that contracts first. Later: Uterus is normal on examination. She has no symptoms of any cancer. I have her at present on the iodids.

Now, outside of the question of any growth being present, is the pain in the breasts due to contraction of the uterus? or, if so, would a curetment help her? Or what would you suggest?

I combined the salicylates with the iodids and gave her ferro-salicylate, a preparation made from the oil of wintergreen with iron added. This I gave well diluted one-half hour after meals, and the iodid of potassium well diluted one hour before meals. After two weeks of this treatment she began to improve so I discontinued the salicylates but kept up the iodids, and lately added to that a sedativ tablet of musk, asafetida, iron, and arsenic; this did fine and she has had no pain for a week.

Vashon, Wash. GEO. H. ENSING.

[We do not imagin that "contraction" of either ovaries or uterus has anything to do with the pain in the breasts. The condition would be observed much more frequently than it is were such the case. You do not say how long it has been since the last menstruation, nor if you are positiv that the menopause has been concluded. We deem the pain neurotic, and think if you have furthere trouble with the case that you will derive the greatest satisfaction from nerve sedativ medication. It would be advisable to support the breasts with flannel breast supports, worn continually in day, and removed at night. The triangular bandage, with the "tail" brought up over the breast and pinned to the underclothing near the neck is the easiest for the woman to manipulate. We suggest incorporating valerian and hyoscyamus in your nerve quieter. Curetment promises nothing, and is not to be considered.—ED.]

Is It Irregular Gout?

EDITOR MEDICAL WORLD:—Doctor, can you tell me where I can get charts showing diseased organs of the body and dislocated joints: and second-hand medical works? I mean medical works that are not worth anything only to make the people think you have a large library. You are aware some people judge a doctor's ability by his clothes, horse, office, and outfit. Doctor, I want to try to give you the symptoms and history of a patient that I am very anxious that he gets well and, if you can help me in any way, I will be very thankful. Age 38, married, up to five years ago a hard worker. Since then he has been doing office work and overseeing outside work. He has pain in the back and side; soreness in the heel; can hardly walk; stiffness of limbs; wakes up about 2 o'clock at night with pain and soreness, tenderness in body; can't sleep any until 4 or 5 o'clock. Specific gravity of the urin 1035, no sugar, no albumin, excessiv amount of uric acid, indican present, amorphous urates, bacteria. My diagnosis is irregular gout. I am giving him salicylic acd and salicylate of sodium. A. M. EDGELL.

Smithville, Ritchie Co., W. Va.

[You can get charts and manikins from any instrument dealer. The finest line of pathological charts are publisht in book form by the W. B. Saunders Company, Philadelphia, under the title Saunders' Medical Hand Atlases. Write to them for circulars and prices. Second-hand book stores handle second-hand medical books, which can be bought at a fraction of their original cost. You can get volumes a few years old, hardly showing wear of the binding, which originally cost $8 and $10, for $1 to $3. In some few cases the text is so old as to be valueless, but in many cases they vary but slightly from later editions, or are different from them only by being deficient upon some late development in medical science. You may find such stores in Wheeling, W. Va., Charleston, or Pittsburg. In the latter city, Leary's "Old Book Store" on Liberty Avenue, near the Seventh Avenue Hotel, is well known.

In addition to your internal rheumatic medication, you should place him on alkalin diuretics until you get the urin to a normal specific gravity. Have him ingest large quantities of water, and exclude meats from his diet. Let him eat all the fruits possible, cookt and raw. The use of a hot-air apparatus would probably benefit the soreness in the heel and the stiffness in the limbs. Examin the feet carefully to see that there is no deficiency in the arch of the foot and, if such is found, secure supports for him to wear in the inside of his shoe to support the arch. Likewise, build up the posterior leg muscles, using passiv and activ exercises, massage, Swedish movements and electricity to the affected muscles and spine. The high-frequency current is of especial benefit for its systemic effect. Good electric insoles sometimes aid in relieving the soreness in the heel, but be sure you buy them from a reliable company and not from advertising sharks.—ED.]

Dr. C. M. Baker, of Hyannis, Mass., writes: "In spite of the many letters of praise you receive, I do not believe you have any idea how far-reaching and important the work you are doing is."

Digitized by Google

Books on the Treatment of Locomotor Ataxia.

Since writing the reply to Dr. J. V. McManis, on page 531 of the December WORLD, we learn that there are two books publisht dealing exclusivly with locomotor ataxia. The Treatment of Locomotor Ataxia by Means of Systematic Exercise, by H. S. Frenkel; translated from the German by L. Freiberger, 1902, cloth, 184 pages, 132 illustrations; sold by Paul B. Hoeber, 69 E. 59th St., New York, N. Y., at $3 net. And David Ferrier, on Tabes Dorsalis, The Lumelean Lectures, 122 pages, 40 illustrations, sold by the same dealer at $1.50 net.

Conscience in Prevention of Conception.

DEAR DR. TAYLOR:—Aren't you stretching things a little by saying (Dec. WORLD, page 531) that prevention of conception is a matter to be settled by each one according to his conscience? Is right not only one, irrespectiv of the opinion of any one? A. F. BURKARD.
Omaha, Neb.

[Possibly; but let us see. The profession substantially agrees that conception should not occur in those cases in which the mother's life will be unjustifiably jeojardized, and in which the child will certainly be diseased and a burden to society. These are the general principles. But it is not always easy to *decide* positivly, whether any given case falls within these categories or not. So it is a matter of *judgment* rather than conscience. And no physician should assume to decide such a question alone; he should have counsel, to aid in the decision and share the responsibility.

But there are now people, both in and out of the profession, who believe that highest ethics demand that families should be limited to the ability of the parents to properly raise, educate, and protect their progeny. Here both judgment and conscience come into play, and the conscience is personal rather than collectiv. And here comes into play a moral responsibility in addition to the intellectual responsibility. Here the moral question is an individual one, with individual responsibility. Some favor rational limitation of families in accordance to the ability to care for same, and others oppose any meddling with Nature. Many would favor the former *if* abuse of the same could be prevented, and if we could always know what the financial ability of the parents to care for their young will be. This is an intricate question, which probably will long be under discussion.—ED.]

MARMOLA

An Obesity "Cure" of the "Prescription Fake" Variety

To the Editor:—Can you give me any information regarding the composition of "Marmola," a remedy used to reduce flesh? ROBERT S. MCCOMBS, M.D.
Philadelphia.

COMMENT: Marmola belongs to a class of nostrums that has become very common since the passage of the national Food and Drug Act and which descriptivly may be called "prescription fakes." By this we mean that the "patent medicin" is advertised, not as such but as an apparently innocent ingredient in a "prescription" which the reader is urged to have "filled" at the nearest drug store. Many of these advertisements are publisht in the form of reading matter, giving no indication of their real character. For example: we read in the New York *World* a short article by "Footlights," a supposititious theatrical press agent, who describes how a certain theatrical manager was able to reduce his "over-weight chorus." He did not "starve them into line, nor worry them verbally into shadows. . . . He simply hung up a new rule in the dressing-rooms, to the effect that every lady less than five feet seven who weighed in excess of 150 pounds must take a spoonful after each meal and at bedtime, of the following: One-half ounce Marmola, one-half ounce fluidextract Cascara Aromatic, and three and one-half ounces of Peppermint Water."

This is merely an example of the devious ways in which "patent medicin" vendors, aided and abetted by many newspapers, attempt to humbug the public. The Marmola Company has used the same methods of advertising its products in Great Britain, except that in the place of cascara and peppermint water, we find the prescription reads:

"One ounce of fluidextract of Glycyrrhiza, B.P., one-half ounce of Marmola, one ounce of pure glycerin, B.P., and three and one-half ounces of peppermint water."

More recently the concern has been varying its methods by advertising Marmola also in tablet form, giving the address of the company and the price of the preparation. The composition of Marmola was discust in an article on "Commercial Thyroid Preparations" by Drs. Hunt and Seidell in *The Journal*, Oct. 24, 1908. It was there shown that the nostrum depended for its action on thyroid extract. Since that time the *British Medical Journal* has also analyzed the product. The results of this examination "showed the presence of (1) a large proportion of a powdered seaweed agreeing well in characters with the powder of *Fucus vesiculosus*, its identity being further indicated by the composition of the ash; (2) a substance of proteid nature, agreeing well in characters with with the powder of dried thyroid gland, its identity being further indicated by the presence of iodin in organic combination; (3) phenolphthalein; (4) sodium chlorid (common salt); and (5) extractiv." These ingredients, so far as could be determined, were present approximately in the following quantities, to each dose:

Dried thyroid gland	1.4 gr.
Phenolphthalein	0.4 gr.
Sodium chlorid	0.7 gr.
Powd. *Fucus vesiculosus* (bladderwrack)	5.0 gr.
Extractiv	2.5 gr.
Oil of peppermint	trace

The danger of the indiscriminate use by the

Digitized by Google

laity of such potent drugs as thyroid extract is evident, and yet we read: "A safer way of reducing fat cannot be imagined than by the use of this pure Marmola prescription."—*Jour. A. M. A.*

Purgen Again.

To the Editor:—Those who prescribe "Purgen" may be interested in knowing how its popularity is establisht in Germany. I am sending with this letter the tissue paper cover of a straw such as is furnisht with cold drinks in hotels and restaurants. Printed on the tissue paper is the legend:

PURGEN.

DAS IDEALE LAXATIVUM.

FRAGEN SIE IHREN ARZT!

How many take the trouble to "ask a doctor" is, of course, a question. As these covers are made in Paris, the exploitation may be even more widespread.

GEORGE DOCK, M.D.

COMMENT: Purgen, it will be remembered, is one of the numerous proprietary names for phenolphthalein and already has been discust *in The Journal*. In Europe advertisements of the preparation are to be seen in the street cars, daily press, and even on toilet paper (*The Journal*, Nov. 2, 1907, p. 1541). In this country it is advertised—directly—only thru the medical profession—which is cheaper.—*Jour. A. M. A.*

Resinol.

To the Editor:—Please publish the ingredients and proportions of each, used in making Resinol.

E. E. C.; MANILA, P. I.

ANSWER: Resinol has not been examined in the Association's laboratory, and we are unable to obtain from other sources any detailed information regarding its composition. The Philadelphia branch of the American Pharmaceutical Association issued a pamphlet some two years ago in which the following appeared relativ to this and similar products:

"Within recent years there have been introduced a number of compound ointments that in their supposed range of therapeutic usefulness are scarcely equaled and certainly not excelled by the magic unguents of the quacks and charlatans of continental Europe, who, several centuries ago, essayed to cure all manner of disease by inunction or the simple applications of compound ointments of secret composition.

"As typical of this modern class of panaceas we may mention Resinol. This preparation is being widely advertised at the present time in the daily papers as a valuable adjunct to Resinol Soap in the treatment of all kinds and varieties of diseases of the skin. The makers of this particular mixture, in the form of an ointment, modestly assert that it will cure all skin diseases, and is also 'A Specific for Pruritus Ani, Itching Piles, and Pruritis Vulvæ.'

"An equally efficient ointment, so far as the ointment itself and not the misleading claims made in connection with it may be concerned, is to be found in the Unguentum Resorcini Composition, N. F. This ointment represents:

Resorcinol	6 parts
Zinc oxid	6 parts
Bismuth subnitrate	6 parts
Oil of Cade	12 parts
Paraffin	10 parts
Petrolatum	25 parts,
Hydrous wool fat	35 parts"

—*Jour. A. M. A.*

Read Contracts Carefully.

DEAR DR. TAYLOR:—Please find inclosed $1 in payment of your most excellent MEDICAL WORLD. Your talks on finance and "get-rich-quick" schemes are many times more valuable than the cost of magazine.

What about the Physicians' Casualty of Omaha, Neb.? Is it all right? DR. L. C. ROSS.

Winona, Mo.

[The contract of this concern (and of all concerns, in fact) should be read completely and very carefully before signing. Frequently important and vital parts of a contract are printed in small type, or in some unexpected position, seemingly to escape notice. But they are *there*, on duty, frequently to the disappointment of the patron seeking a settlement. Look out for such seemingly unimportant portions of a contract.—ED.]

BOOK REVIEWS

THE PHYSICIAN'S POCKET ACCOUNT BOOK. By J. J. Taylor, M.D. Bound in full leather; 24 pages of practical instructions for physicians, 216 pages of accounts. Price, $1 per copy; publisht by The Medical Council, 4105 Walnut Street, Philadelphia, Pa.

This book is without a doubt the most complete and at the same time simple and thoroly efficient account book that has ever been devised. Furthermore, it is absolutely legal and can be presented in any court of justice. It does not make use of any hieroglyphics, but everything is entered in plain language, and any judge can understand it.

The book contains 216 pages for accounts, of which eight pages are devoted to alphabetic index, 146 pages are devoted to regular accounts, 32 pages to short accounts, 24 pages to cash accounts, and 8 pages to birth, death, and vaccination records.

EXERCISE IN EDUCATION AND MEDICIN. By R. Tait McKenzie, A.B., M.D., Professor of Physical Education, and Director of the Department, University of Pennsylvania. Octavo of 406 pages, with 346 illustrations. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $3.50 net; half morocco, $5 net.

The book is a notable and valuable one, for the progressiv educationalist seeking to be abreast of the times cannot fail to inform himself upon the three closely related lines of mental, moral, and social training, each of which is intimately bound up with that of physical and neuromuscular education. It separates the blatant and unscientific claims and results achieved by the untrained and self-styled "professor" from those accomplisht by the careful, scientific, and exact worker, to the great benefit of all lines of medicin. The cuts are excellent, and the instruction imparted in an available form is wide in scope. The bearing such matters now have on national health and prosperity cannot be ignored by any class of physician. Medical students are not taught the details of the relation existing between pathologic conditions and the demand for exercise instead of for drugs; and while this book might have been greater, it marks an important advance in this line, and it has no valid competitor. It embraces a wide field, from jiu-jitsu to instruction of mental defectiv classes, and cannot but be of great service to any physician, physical instructor, or any other interested in this great and growing subject. With the exact instruction given, any one can follow in a scientific manner any exercise or system of value in its therapeutic application to any class of patient or group of persons. It is truly a superb book in its line.—A. L. R.

PYE'S SURGICAL HANDICRAFT. A Manual of Surgical Manipulations, Minor Surgery, and other matters connected with the work of House Surgeons and Surgical Dressers. Fifth edition, revised and largely rewritten. By W. H. Clayton-Greene, B.A., M.B., B.C. (Cantab.), F.R.C.S., (Eng.), Surgeon in Charge of Out-Patients, St. Mary's Hospital; Lecturer on Anatomy in the Medical School. With 343 illustrations and plates newly drawn for this edition. Publisht by E. B. Treat & Co., 241-243 West 23d Street, New York, N. Y., 1909. Price, $4 net.

Contains 576 pages and an index. The character and style of the original work of Pye is studiously maintained, and the writer has seen that nothing is omitted of strictly modern value. It covers admirably the common details and complications of every-day emergency surgery, and hence will be of great value to the man who does

Digitized by Google

much of this sort of work. It will suit the hospital resident and the young practician, for it deems nothing surgical too small to be described and commented upon; the large books are too often deficient in the small details, and the student days being taken up with great operations, the young doctor is startled to find himself deficient when called upon to amputate a finger or toe, or dress a small crushing wound. This book fills such a need splendidly; it is not verbose, and wastes no time on anatomy, but it reaches all the little and overlookt matters in a thoro manner. It is never theoretical, but can be depended upon as being always practical and up to the minute. The type is small and it is thus possible to deliver a great mass of information in the given space. The illustrations are not elaborate but are plain enuf to convey the desired impression. It goes into such matters as poultice making, case taking, after treatment of operated patients, urin testing, x-rays, eye injuries, anesthetics, emergencies, preparation for operation, extraction of teeth, ear, nose and throat troubles, etc. It is convenient in size and makes a dependable little work for quick reference in the emergencies of every-day practise.—A. L. R.

NEURASTHENIA. By Gilbert Ballet, Professor of Medicin in the Faculty of Medicin in Paris; Physician to the Hotel Dieu; President of the Neurological Society; Translated from the third French edition by P. Campbell Smith, M.D. Illustrated with seven figures. Sold by Paul B. Hoeber, 69 East 59th Street, New York, N. Y. Price $2 delivered.

An octavo of 368 pages and indices. Contains a wealth of necessary information for an insignificant price. Both general practician and specialist need all the information they can get on neurasthenia, and this work is complete and practical for the man who must "do things"; for lack of special knowledge will lose these cases to competitors quicker than in other lines. It has a text clearly cut out by a man who knows, and truths are driven home in an emphatic manner because the author has been over the road many times. After giving causes, clinical forms, etiology, prophylaxis, and generalities, he devotes 161 pages to treatment; this is what makes it a strong book. He tersely says: "Hygienic measures, which would suffice to prevent neurasthenia if they were rigorously applied, and, we must add, if they were always applicable, usually suffice also to cure it when the complaint is capable of cure," and he tells how to successfully and scientifically apply these curativ hygienic measures in such a clear and distinct manner that one need not be a finisht neurologist to see how he can apply them to his patients' cases.—A. L. R.

THERAPEUTICS, MATERIA MEDICA, AND PHARMACY, Including the Special Therapeutics of Diseases and Symptoms, The Physiological and Therapeutical Actions of Drugs, The Modern Materia Medica, Official and Practical Pharmacy, Minute Directions for Prescription Writing, also The Antidotal and Antagonistic Treatment of Poisoning. By Samuel O. L. Potter, A.M., M.D., M.R.C.P. (Lond.), formerly Professor of the Principles and Practise of Medicin in the Cooper Medical College of San Francisco; Late Major and Surgeon of Volunteers, U. S. Army. Eleventh edition, revised and enlarged. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $5.

Has 899 pages and an index. Comes as near being a condenst encyclopedia on matters embraced by it as any work of the kind. In parts 1 and 2, three new paragrafs appear, and twenty-four paragrafs show thoro revision. In the third part, the following new articles appear: Keloid, Lupus erythematosus, Malta Fever, Pyelitis, and Skin Diseases, while 197 of the articles have been closely and completely revised; indeed, most of them are entirely rewritten. Therapeutics takes takes up three-fifths of the book, but we have failed to find anything between the covers which is not of vital and continual interest to the man who lives by medicin. There is so much here at hand which has hitherto required the ownership of many books before one could command the mastery of it. The references permit of one following as closely as he wishes the original writers, but the busy man will be content to know that these authorities used and were satisfied with a certain drug under such conditions. We regard the part on Special Therapeutics as the most valuable section, in any book, for the general practician who is not able to afford a large library, or who is too busy to keep posted up on the standard works. Where else can one find the tabulated opinions of more than fifty recognized authorities, on any disease, all on the one page? It has always been one of our favorit books of quick reference.—A. L. R.

A PRACTICAL TREATISE ON OPHTHALMOLOGY. By L. Webster Fox, M.D., LL.D., Professor of Ophthalmology in the Medico-Chirurgical College, Ophthalmic Surgeon in the Medico-Chirurgical Hospital, Philadelphia, Pa.; Member of the Army Reserve Medical Corps, etc. Cloth; 807 pages, with 6 colored plates and 300 illustrations in the text. Price, $6. New York and London: D. Appleton & Co., 1910.

This volume differs from many text-books on the subject, in that it is the outcome of many years of experience. The book is essentially adapted to the needs of the general practician, and is exceptionally free from confusing technicalities. It fulfills to a large degree the requirements of the busy doctor who frequently needs a quick and ready reference to aid him in the diagnosis and treatment of the commoner ocular affections. To those physicians who are located at some distance from authoritativ medical centres, this book will be of signal value for the recognition and prompt treatment of such conditions as iritis and glaucoma, the confusion of which or the temporizing in treatment have so often resulted in blindness. We are gratified to at last observe in a text-book on ophthalmology such a complete and comprehensiv chapter on refraction and the ocular muscles which the book before us contains. The work will undoubtedly succeed in equipping many doctors for testing the eyes, thus placing that portion of the medical practise, refraction, where it properly and legitimately belongs, and prevent its usurpation by the optician more effectually than by legislativ controversy. The chapter on "The Ocular Manifestations of General Diseases" and on "Nervous Diseases" are valuable monografs for every physician. The chapter devoted to "Foreign Bodies in the Eye" is evidently arranged to serve the needs of physicians practising in mining districts or other large industrial centres where ocular injuries are very frequent and often first brought to the attention of the general practician. On the whole, the book is conspicuous, for its practical features, lucidity of diction, and the successful efforts on the part of the author to provide a treatise of equal value to specialist, general practician, and student.

Digitized by Google

THE WORLD by cutting this leaf on this line. Thus "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

OUR MONTHLY TALK.

Mr. Taft has now been our President for about ten months; and what impression has he made as our chief magistrate? He called an extra session of Congress, as he said he would, to revise the tariff, and the resulting revision was more satisfactory to the privileged and protected interests than to the masses of the people — more satisfactory to the bosses of his party than to the masses of his party. However, there were some good features in the bill, as I noted at the time, and a promise for further legislation this winter to fix up some of the shortcomings of the bill, but the promise is likely to be forgotten—is perhaps already forgotten, except by the insurgents, who are anxious for better tariff legislation. It was observed during the extra session, and the observation has been amply verified since, that Mr. Taft is much more attentiv to the wishes of the *bosses* of his party than to the *voters* of his party. Mr. Roosevelt, as Governor of New York, made his strong record by determining and pushing his own policies, frequently against the opposition of the bosses of his party; and the same kind of a record in the White House is what made him so overwhelmingly popular with the people, as President. Governor Hughes, of New York, secures his strength by appealing to the *people* instead of to the bosses. We hoped that Mr. Taft would be the same kind of an executiv, but we haven't seen any of it yet. A prominent public man told me a few days ago that he believed that Roosevelt put Taft up just to show the people the difference between the two men and their administrations, and thus make the demand for Roosevelt in 1912 imperativ. However, I am not ready to accept that view. I still hope that President Taft will *get the results* that he promist—and I do not feel like questioning his methods too soon—I am willing to wait a reasonable time for *results*. I know it is said that Roosevelt antagonized Congress to such an extent that latterly he could get nothing from Congress. Mr. Taft seeks to avoid this danger, but it seems to most observers that he is unnecessarily "thick" with the boss and reactionary element of Congress. In this connection, the following in an editorial in *Collier's* for Nov. 20th, will be of interest:

Our own wish happens to be that Mr. Taft's administration shall be so righteous, so efficient, so wise, that his name alone will be presented to the convention of 1912. If he fails, then on the question of whether the nominee ought to be Mr. Roosevelt or Mr. Hughes, or some Western insurgent leader, we take no stand. Our only concern is with the facts. No one, it seems to us, who is in touch with opinion in the mass, can doubt that if an election were held to-morrow the President could be defeated by a Democrat of the stamp of Chamberlain of Oregon, and perhaps by an old-line Democrat like Woodrow Wilson of New Jersey. This predicament can be altered. Mr. Taft's character is so high, his aim so pure, his intellect so clear and trained, that nothing can prevent approval from the people in the long run except two amiable human traits: blind confidence in those about him, and dislike of controversy. The Presidency has for one of its penalties a willingness not infrequently to fight; even to harden the heart and strike with severity into one's very family, as it were—into one's Cabinet, golf coterie, or jolly lunch associates. The man who accepts high office must say farewell to peace. Most days for him must be perturbed and some nights without repose. A certain change of demeanor must unhappily be brought about if the Taft administration is to have that ultimate justification and glory which we hope for it.

The President's Message.

President Taft's first message cannot be said to be remarkable, unless it be for commonplaceness. I went over it carefully for things deserving of special mention, but they are very few. The thing that interests doctors specially is his remarks favorable to a National Bureau of Health. But while we appreciate that, we must not forget that this is not a new nor a partizan matter, as it was in the platform of both parties. The other notable feature (if it can be called notable) is the advocacy of postal savings banks. But does he suppose he can get postal savings bank legislation from the crowd that he is consorting with in Congress? I hope he can, but I fear the probabilities are slight. In the part devoted to the post office deficit, he misses the main cause of the same—the excessiv price paid to the railroads for hauling the mails. This has been exposed time after time, and the silence of this administration on the subject is ominous. Does it mean that the administration is under the domination of the railroads?

The record thus far made, the message, and Ballinger, indicate that it is going to be a McKinley administration over again, with corporations, trusts, and the privileged classes in general in the saddle. If so, we will later have to again go thru another period of exposure, humiliation, and disgrace. Let us hope for better.

The People and the Lords.

In the meantime, how many of us are aware of the momentous contest now going on in England? The House of Commons sent the budget (revenue bill) to the House of Lords, and the Lords, not being pleased with the same, rejected it, and that precipitated the crisis—an appeal to the country. It has long been an accepted part of the British constitution (unwritten) that the money bills must come from the House of Commons, and be passed without question by the Lords. We copied this provision in our constitution by providing that revenue bills must *originate* in the House; but we have long tolerated excessiv meddling with the same by the Senate. We remember the sugar and other scandals in the Senate; and we know that the tariff law made a few months ago was made chiefly by the Senate, the House bill being torn to shreds by the latter body. Just this sort of thing is leading to a revolution in England. So you see how tame we are. If the House bill had stood, the Government would have gotten a good slice of the Harriman estate. Also from many other estates, as the following:

ESTATE OF TAFT'S LANDLORD.

R. D. EVANS, OF BEVERLY, ASSESS FOR $500,000, LEFT $10,000,000.

Special Telegram to the "Public Ledger."

BOSTON, MASS., Dec. 3.—Assistant State Tax Commissioner Fales has found about $10,000,000 additional taxable property in the estate of Robert D. Evans, of Beverly, who leased his property to President Taft last summer and died July 6th, as the result of a fall from his horse. Evans was taxt by the Beverly assessors for less than $500,000.

The State Assessors find $10,404,828 in personal property alone. Among the items are: Stocks, $7,910,216; bonds, $385,565; notes, $23,133; cash in Shawmut Bank, $1,745,061; in First National, $255,023; other cash, $4,000.

The following clipping will give you a pretty good idea of the problems precipitated in England by the budget crisis:

Digitized by Google

LAND HOLDINGS OF LORDS.

Just how greatly the land taxes of the new budget would affect the peers may be deduced from the fact that out of the 77,684,000 acres of land in the British Isles, 28 dukes alone own nearly 4,000,000, most of the choicest land in the kingdom. Five of the dukes own nearly all of London. Besides the dukes there are 36 marquises, 213 earls, 67 viscounts, and 337 barons. Virtually all are immensely rich. All told, there are 615 peers in the Upper House of Parliament. The land holdings of the dukes are as follows:

Duke.	Acres.
Norfolk	49,900
Somerset	25,400
Richmond	286,500
Grafton—Refuses to tell.	
Beaufort	52,000
St. Albans	9,000
Leeds	24,300
Bedford	84,000
Devonshire	186,000
Marlborough	19,685
Rutland	62,000
Hamilton	157,000
Buccleuch	460,000
Argyll—Refuses to tell.	
Atholl	202,000
Montrose	115,000
Roxburgh	60,500
Portland	183,200
Manchester	70,000
Newcastle	35,000
Northumberland—Refuses to tell.	
Cumberland and Tevoit—Refuses to tell.	
Wellington	19,200
Sutherland	1,358,600
In country	30,000
In London	600
Fife	249,300
Total	3,738,185

It is declared that not for 200 years has the House of Lords toucht a budget bill. The House of Commons has constantly denied their right to do so.

Lloyd-George's Proposals.

The Chancellor could see his way clear to take care of $8,000,000 of the deficit, and he proposed to raise $71,000,000 more. In order to accomplish this the following division of taxation was made:

On land of the classes	$2,500,000
On income of the classes	17,500,000
On inheritance of the classes	14,250,000
On motors of the classes	3,000,000
On transfer of property of the classes	3,250,000
On liquor licenses	13,000,000
On spirits	8,000,000
On tobacco	9,500,000
This then leaves an aggregate of:	
Tax on classes	$40,500,000
Tax on classes and masses	21,000,000
Tax chiefly on masses	9,500,000
	$71,000,000

"The maddest budget ever introduced," Sir Frederick George Banbury termed it in a speech in the House of Commons, Austen Chamberlain denounced it for imposing so large a proportion of the nation's burdens on a few people. John Redmond, leader of the Irish Party, condemned it for its increast imposition on whiskey and tobacco.

Taxes on Incomes.

In the present bill the moderate income is to pay 5 per cent.. A reduction is made for earned incomes. An allowance is made of $50 a year per child in the tax on incomes up to $2,500 a year. But the big income pays more than 8 per cent., $1 in $12. The tax grows with income. The man earning $1,000 pays nothing. The man earning $5,000 pays $187.50. The man having $50,000 a year, earnings or from investments, pays $3,790, and so on.

This is applied to inheritance. It is applied to transfers of property. If a man owns land and it grows in value on his hands, a fifth of that increase is paid as a tax on the transfer. If the land is not sold this tax is paid periodically. A very rich man, worth $50,000,000, under the Lloyd-George Budget, will pay $166,000 a year in income tax, and in death duties his estate will pay $8,000,000, when it goes to his children. More if to collateral heirs.

Now, as to the proposals that have aroused the English politicians to such a frenzy of excitement. The bitter opposition is confined to three features of the budget bill. These are the "increment value duty," the "revision duty," and the "duty on undevelopt land and mineral rights."

The increment value duty provides that under certain specified conditions the State shall take from the holder 20 per cent. of the unearned increment value of all real estate. The "unearned increment" is defined as that part of the value which is created by the action of the community and not by the unaided efforts of the owner. This tax would fall almost entirely on urban land and on land adjacent to cities, where value has been created by the growth of population.

The reversion duty clause would do for leaseholds what the increment duty would do for freehold land. Much of the land in England is held on long leases from ground landlords, who have never done anything to improve the land.

In a city like London, for instance, some of the holdings of ground landlords have increast in value a hundred or even a thousand times, on account of the growth in population and the increast commercial value of the sites. This, it is expected, will soon produce an immense revenue to the government, and would correspondingly decrease the profits of the ground landlords.

These problems, except levies on alcohol and tobacco, and income and inheritance taxes, cannot be taken up by our Congress. The land legislation, which is the chief cause of contention in England, must, in this country, as long as our constitution remains as it is, be dealt with by our states and lesser political divisions. In an overcrowded country like England, the land question has become a pressing one. I hope that we will develop sufficient land wisdom to meet these problems and solve them successfully before they press upon us as hard as they are pressing upon the people of England.

Father Cummins' Letter.

The requests for Father Cummins' letter and my reply to same are legion; and there is not a single objection, unless we so count the few (very few—less than a dozen) who have cried "stop my paper" on account of us doctors talking about religion among ourselves. And then there are a few more who still remain true to THE WORLD, but who request that the religious discussion be stopt. To these brethren I will say that I (and we) appreciate their staying with us even in the face of a feature that is evidently distasteful to them; and if they were in as decided majority as the others are, I would feel it my duty to comply—for we should, in matters of mutual concern, be willing to abide by the will of the majority. However, I will try to take not more, but even less than the usual amount of space customarily devoted to the "Monthly Talks," and carry most of the religious matter over into the advertising pages, which space is my own; and if I see fit to devote a part of it to the above-mentioned purpose, those who wish to read the same are that much better off. These "Talks" are extra anyway; you are supposed to be paying for the medical part; and you get more medical matter than is usually offered for the price. So I hope that no brother (except those few who have already done so) will allow prejudice to rob him of a helper in his daily medical work.

To these few remarks, I wish to add a few typical expressions from the many that are daily coming from the thousands of brethren scattered all over this broad land. And I wish to assure the fraternity that these letters make me feel truly rich—rich beyond the sensations of the millionaire; for to feel that one is contributing to the mental and spiritual development of the race brings a satisfaction far above (I suppose) that felt after amassing material wealth.

One more preliminary: Some have assumed that I am trying to exploit *my* views in this department. True, my views necessarily come to

Digitized by Google

the surface now and then, but I have given much more space to views different from my own than to my own. My real purpose is to stimulate thought and study, and not to proselyte. I hope that those who may regard these discussions coldly will kindly keep this ever in view, and warm up. No one is ever condemned, nor even criticised, for his honest opinions *unless* he "keeps his cocoanut lockt up tightly" against new light and information.

Brother C. C. Cady, of Harris, Iowa, writes a letter that I think you will all enjoy. It is the hardest knock I have had yet, and so sweet in spirit. Hence I give it first:

EDITOR MEDICAL WORLD:—Inclosed find $1 for THE WORLD. Let her come. I consider it a valuable paper and am largely benefited thru its columns. Your "Talks" are good; and while very amusing on "religion," yet they are helpful, as they have been the means of making me stronger in the faith of our Saviour. You condemn creeds; and yet you wish to establish creeds that will suit your own fancy. You say you don't, but to a broad-minded person you do, for you say what we should do and not do; thus a creed. Every one who does not agree with you, you call narrow-minded. Just remember, Mr. Editor, that the world is full of books written by as scholarly authors as those you refer to, and yet they don't tickle your fancy; hence you try and choke their influence and hold aloft those that preach your creed. You attempt to criticise the teachings of the Bible, and yet I have been unable to find one sentence in all you have written that gives anything better than that which is taught in the grand old Book. Narrow-minded, am I? Well, maybe I am; yet I must see the fruits of YOUR religion to be better than they have been before I change. Keep on tearing it into us; you can't make me mad, for I learned from the Bible when I was a little boy that just such ideas as yours would be set afloat. Yet there are more Bibles sold to-day than at any other period previous to this. Creeds: No two persons ever united together for any purpose whatsoever, unless they had an agreement, thus a creed. Now, Mr. Editor, don't call those fellows who have written you such rash letters narrow-minded, for they may be just as well read as you are, and you started the "fuss" first. Wishing you and Mrs. Taylor a Merry Xmas and a Happy New Year, I remain, a staunch friend of THE WORLD,

C. C. CADY, M.D.

Let us raise our hats to Brother Cady; for he is *not* narrow minded, and he shows that he has absorbed the beautiful spirit of the Nazarene. Brother Cady is willing to stay with us, and he is willing to read. I cannot ask more, and I give his criticism of me because his criticism is honest, able, and in a Christian spirit. However, I am not conscious of having urged a creed of my own, unless it be a plea for investigation and toleration. As to books, yes, there are many thousands of able theological books, based upon old ideas and conceptions, and not considering new facts brought to light in recent years of investigation. These new facts have put all these books, and all other books written on the same premises, hopelessly out of date. I cited two of the many books which deal with the new premises. These two I happen to be familiar with, one of which did me much good when I read it years ago when it was new, and the other is now new. Brother Cady, will you not read one or both of these books? Both were written in a deeply religious spirit, by deeply religious men, not iconoclastic, but earnest seekers after truth. Remember, brethren, my offer of last month still holds good: any WORLD reader who may purchase one or both of these books, and after carefully reading the same writes to me that he regrets his investment, I will return the purchase money upon receipt of one or both of the books in good condition. Better keep the books covered and protected while reading, in view of the possibility that you may wish to return them. In this connection let me say that while our clerks are very busy receiving and entering your renewals for 1910 (and many for 1910, 1911, 1912, and 1913), we do not begrudge the time spent in taking care of the many orders being received for the books by Rev. Gladden and Mr. Sheldon. But I often wonder if the books are going to those who really need them, or to those who are already fairly conversant with recent investigations, and the light thus shed on the Bible. I would rather that one book should go where the light has not shone before, than half a dozen books go where they are not particularly needed. The trouble is, that those who really need them are the ones who will think they *don't* need them.

Here is a pretty psycological problem: Who are narrow minded? It is always the *other fellow*. Did you ever see a man who would confess that *he* was narrow minded? Everyone else who knows him may know that he is narrow, but *he* thinks that he is the broadest of the broad. So let us be careful and gentle in our judgments. However, when a man will not read, or will not open his eyes to new facts, and his mind to new evidence, this attitude is *primæ facie* evidence that he is *not* broad minded nor liberal spirited.

Dr. W. F. Blewett, of Caney, Kan., sends this brief but pointed and cheerful letter:

Inclosed please find draft for $2 to pay inclosed bill and for a copy of Sheldon's book. By all means give us Father Cummins' letter and your reply in the January issue. We can all learn something from the discussion. I trust you will keep up the good work, as we have too few windows letting in the light.

So large a percentage of the conservativ and orthodox letters have come from Missouri that I began to think that nothing else could come from that great state; but now some of the best and broadest letters come from Missouri. Here is a sample:

WEST PLAINS, MO., December 7, 1909.

DR. C. F. TAYLOR; DEAR DOCTOR:—Inclosed find $2 for MEDICAL WORLD for 1910 and Walter L. Sheldon's, "The Story of the Bible." I like THE WORLD because it is different from other medical journals. I enjoy especially your sensible editorials, Business and Monthly Talks; and while I do not always agree with you, I admire your eminent fairness. Hope you will continue the religious discussions, and give us your ideas in regard to immortality from the standpoint of an evolutionist. I read Washington Gladden's book, "Who Wrote the Bible," several years ago, and have gotten a great deal out of such books as Lyman Abbott's "Theology of an Evolutionist," Le Conte's "Evolution and its Relation to Religious Thought," Newman Smyth's "The Place of Death in Evolution," etc.; and as such works have always had a certain fascination for me, I would welcome discussions along the same lines by you. With compliments of the season, Very truly yours, H. C. SHUTTER.

I cannot attempt any remarks just now on the very pregnant subject suggested, as I am too busy trying to induce 25,000 doctors all over this great country to extend their knowledge about the Bible. Think what this will mean to the education of the people of our country—for ideas emanate from the doctors to the people.

Here is a brother who was not afraid to follow the light of truth, and he got his reward:

BERNVILLE, PA., December 12, 1909.

EDITOR MEDICAL WORLD:—Inclosed find check for $1, for which let me enjoy THE WORLD for 1910. I just read the Monthly Talk in the December WORLD and notice that you try to feel your way with the silent majority, of which I have been a thoroly satisfied one. While some things that you said on religion jarred me out of my old position and seemed to destroy the entire structure, I am gaining a firmer foothold by accepting many of your beautiful truths on new and practical religion, which is in accord with intelligent thought. I firmly believe that this is the position of the great majority. I thoroly appreciated the whole discussion. Let us have Father Cummins' communication with your reply; and by all means do not discontinue the Monthly Talk. THE WORLD is a winner. Respectfully, G. W. FAHRENBACH, M.D.

Digitized by Google

Dr. E. V. Hall, of Convoy, Ohio, writes an interesting letter, a part of which, at least, I ought to give you.

There may be a few who will say, "Do not disturb my opinions; I have it all settled long ago; I know the truth already and do not need to think." There is a reason for this, and what is it? The natural tendency of man is to reason and progress. Why then is it so hard to get him to think and reason about these things, even when he has a good education for a foundation? His young impressionable brain has been filled with miracles, signs, wonders, fears, and prejudices right in the start. All the fantastical fallacies and muddleheaded mysticisms of superstition have been engraved on the clean white page of their minds in infancy, there to remain forever and obstruct their reasoning powers. They have grown up in the habit of trusting in prayer and doubting their senses.

For fifteen hundred years, doctors like actors, poets, and astronomers, were regarded as moral outcasts. They were denounced as heretics. "Better die with Christ than be healed by an infidel," they said. "Disease is a matter of belief," said St. Thomas Aquinas. So says Mrs. Eddy to-day.

Physicians were regarded by the Church as magicians, sorcerers, and atheists. They endured all the persecutions of the heretic. It has only been about one hundred and fifty years since they were permitted to dissect the human body. The reason for this was that the exercise of curing by faith, miracles, and prayer was the chief source of income to the Church. Therefore it blockt approach to the truth, because the truth would put a stop to the graft. Finally, Versalius, a courageous Italian physician and founder of the science of anatomy, succeeded in exploring the human body from head to toe. He proclaimed there was no such thing as a "resurrection bone"; and that man had an equal number of ribs with a woman, causing the clergy to drop these two preposterous and cardinal doctrins of the Church. And ever since that day, inch by inch the clergy have had to yield to the discoveries of medicin. The insane are no longer treated as being possessed with devils and cruelly tortured. The Jesuits of Vienna in 1583 boasted that they had cast out 12,662 devils. This was in one city. Think of the number of devils cast out all over Europe by torture.

Pestilences are no longer treated by prayer, but with disinfection and isolation, which have practically abolisht smallpox, yellow fever, and cholera. Carbolic acid and corrosiv sublimate have taken the place of supplication and prayer.

Think of paying a Christian scientist $2 for a treatment to cure the itch, when 5 cents' worth of sulfur will do the trick. The dread diphtheria is almost a thing of the past, thanks to horse serum instead of holy water. The discovery of chloroform ushered in the time when, under the knife, there shall be no more pain. "If the United States had done nothing else but discover chloroform," said a great British scientist, "it would deserve the lasting praise and gratitude of the universe." Yet in the nineteenth century, chloroform and cocain were declared to be the works of the devil by the ecclesiastics and faith healers. If there ever has been a set of people afflicted with chronic constipation of the intellect, it has certainly been these.

I hope that no one will consider Dr. Hall's letter controversial and too strong meat for our family of readers. Past ideas were very crude, not only in the church, but in science, government, and all other branches of life. Let us be thankful that our branch, science, was chosen by the Almighty to spread the light of intelligence, and give us the blessings which we now enjoy.

Here is a part of a letter from Dr. C. McCue, of Goodells, Mich.:

The "Camp Meeting" has proven an enjoyable dessert, and serves to expedite the digestion of the viands, medical and political, which go before. Give us more of the same. Like the small boy, I have of late begun my meal (literary) with the dessert; but no indigestion has so far arisen. In this connection I would like to suggest to "the family" the careful reading of an address by ex-President Eliot of Harvard, delivered at the close of the eleventh session of the Harvard Summer School of Theology, July 22, 1909. This may be had gratis in pamphlet form, entitled "The Religion of the Future," by addressing Miss E. C. Morse, 60 Burroughs Street, Jamaica Plain, Mass. You will find her ever ready and willing to serve you, she being the secretary of post-office mission for the American Unitarian Association. Yours for the welfare of "the family," C. McCUE.

Here is the ending of a letter the tone of which I like very much, and no doubt all will like it:

Personally, I should like to see Father Cummins' letter. My religious views are not what yours are. Perhaps they may be some time. But whether your views or mine are right or wrong, I feel sure of one thing: that no person could show a more perfect Christian spirit in the discussion of these subjects than you have shown in your "Camp Meeting" series. I never feel the worse to find another honest man with beliefs different from mine.

Fraternally, J. R. NEWTON, M.D.

Dighton, Kan.

But here is the ideal letter of all that have yet come. I hope every WORLD reader will read it *twice:*

BEAVER FALLS, PA., December 11, 1909.

DEAR EDITOR:—Inclosed $1 for next year's subscription for THE MEDICAL WORLD. You are asking the members of the family to express their opinions as to the benefits received from reading its pages and, in particular, in regard to the religious part of your Monthly Talks. I for one can truthfully and honestly say they are *grand* and *good.* I can say that I have learned more from your talks about the Bible and its origin in a short space of time than I ever knew. By your advice I read it up in the Encyclopedia Britannica and then went to the library here and read in other encyclopedias to inform myself on the matter, and am surprised at what I have learned by investigating. I for one say I hope you may continue as you have been, for it is very interesting to read the different letters you publish, showing different men's views on religion. Some men will differ from you, but some men's dogmas are fixt and they do not wish any one to trample on them; and these men will not investigate, and they take it for granted they are right and just stop there. I am now past 60 years old and think I can learn some few things yet. I know I have learned something new since I have been reading your Monthly Talks. Yes; by all means I wish you to publish Father Cummins' letter and your reply. I read his last letter over several times and was edified very much by it. I am no Catholic, but thought he showed thought in his letter. I will read anything that will give me new *ideas.* It is my desire to investigate for *truth* and *facts;* and I only hope you may continue in the good work just begun. Some narrow-minded doctors have stopt their WORLD because you did not just suit their views. I would rather stop mine because you do not publish your Camp Meetings than say I will stop it because you do. Your Camp Meeting has been to me a dollar well spent.

Yours respectfully, DR. A. MERCER.

The reason I value this letter so highly is because the doctor has done just what I suggested months ago; that is, read up on the Bible, the Canon, etc., in the encyclopedias, instead of being satisfied with my "say so," or that of anybody else. These encyclopedias are recognized authority (tho some are one, two, or more decades behind), and it is always well to go to the authorities when they are in your reach—and the encyclopedias are in the reach of nearly every one. Also this letter is ideal because it shows its writer to have an elastic, receptiv mind, in spite of his 60 years. All doctors should have that kind of a mind, for the scientific mind should never grow old—should always be receptiv, for science is always growing, and some of the new facts require readjustment of former views and opinions. These are the reasons I wish you to read Dr. Mercer's letter twice.

I receive letters from our brethren of 75 and even 80 years and above, saying with the enthusiasm of youth that they are still learning. These letters do me more good than I can express. These brethren have found the fountain of youth—the scientific mind never grows old; and when it grows infirm from lack of physical support, it looks into eternity with that calm and trusting faith born of an absolute confidence in the Power which created us. It is not a malignant Power, but a beneficent One;

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR per year, or FOUR YEARS for THREE DOLLARS; to Canada, ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS; to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1500 Chestnut Street Philadelphia, Pa.

VOL. XXVIII FEBRUARY, 1910 No. 2

Carbon Dioxid Snow and Liquid Air as Used Locally for Purposes of Anesthesia or for Destructiv Action on Small Growths.

Carbon dioxid comes in strong iron cylinders with stop cock attacht. Any druggist who has a soda fountain can procure them for you, or often can let you have the use of an extra one he may keep on hand. The tanks are returned when empty. To permit the gas to escape, the tank should be tipt slightly, and the outlet covered with cloth or chamois skin of several thicknesses, when the cock is slowly loosened until the gas is heard escaping with a hissing noise. Enuf snow is soon formed in the cloth, tho some allowance should be made for "waste in trimming," as the "snowball" is generally trimmed with an ordinary knife so that only the desired portion will come in contact with the skin. The cock is closed, of course, as soon as enuf snow is secured. It can be molded to a certain extent by pressure thru the cloth, and especially after one has employed it a few times so as to be able to judge of the thickness of the cloth to use. It has a temperature of 90° below zero. The snow is simply held against the skin, and the effect varies directly with the pressure employed and the duration of the contact. Ten seconds of moderate pressure makes the skin hard and white, and ten minutes later develops a wheal, followed by circumscribed inflammation, and formation of vesicles in six to ten hours. Twenty to twenty-five seconds' pressure generally causes a bulla after a lapse of six to ten hours, followed by a crust that separates in about ten days. Thirty seconds' pressure causes a dry eschar that adheres for three weeks and separates with a light scar. The shorter applications seldom cause a scar after separation of the crust.

If a deeper effect be desired, the freezing process is repeated after separation of the crust. The method is not expensiv, and is convenient for nearly all practicians. The whole technic is merely a matter of learning by experience just how long to make the application and the amount of pressure to exert. It is well to begin by making the duration short and the pressure light, as the operation can be repeated till the effect is obtained, and there will be less likelihood of producing a scar.

Liquid air has a temperature of 220 degrees below zero. It is merely atmospheric air condenst by special machinery in the presence of intense cold. It resembles water in appearance. It is delivered in specially constructed glass flasks, with double sides, between which is a vacuum. It will not tolerate tight corking on account of expansion, which is unavoidable in transportation. It is "corkt" with a loosely fitting plug of cotton. It is applied by

Digitized by Google

dipping a swab wrapt with absorbent cotton into the preparation and pressing it against the skin. It is more than twice as powerful as the carbon dioxid snow, and the same effect is obtained in half the time.

The actual freezing is devoid of pain, but the "thawing out" process is painful. Application of very cold water will ameliorate the pain during the thawing process.

The Triumphs of Medicin.

We have all been dazzled by the spectacular triumphs of surgery. In our student days we remember that the surgeon was the great man of the faculty. The man who drew blood at the clinics was the man who drew the crowd. A major operation was a powerful attraction. The merely medical men of the faculty were frequently made to look like the proverbial "thirty cents." The bright and ambitious members of the class aspired to be great surgeons. Why not? The great foreign doctors who visit our shores and who attract attention, who receive honors, and are mentioned conspicuously in the newspapers, are almost invariably surgeons. All these things attract ambitious students to a surgical career.

We all remember how the professor of surgery said that there is something definit and certain in surgery—leaving it to be inferred (if not plainly stated) that medicin is empiricism and guesswork; and in the nature of things would always be so. Great capital has been made in the medical press, at medical societies, etc., out of the successful invasion, one after another, of cavities hitherto considered inviolable, until there is scarcely a recess in the human body that cannot be safely reacht by the skillful surgeon. In most of the specialties, the great men are the surgeon specialists. The great eye men, ear men, nose and throat men, genito-urinary men, etc., are, as a rule, the great operators.

Compared with these great "blood men," the great diagnosticians, chest men, internal medicin men, etc., are few. and their "halos" are dim in comparison, While not wishing to underrate the truly marvelous achievements of surgery, nor to in the least dim the glory won by our great surgeons, both American and foreign, we have long felt that a few words should be said of the quiet, non-spectacular, but immensely important achievements of medicin, say during the last dozen years.

Tuberculosis, that awful dragon which threatened to consume the human race, even in spite of Koch's brilliant discoveries, is now in full retreat—tho reluctant and stubborn—before the resistless power of advancing medical science. Those two persistent calamities of the ages, malaria and yellow fever, have been brought under as complete control as a caged lion and tiger. Malaria is not "bad air," as its name indicates, but it is the poisoned female of a certain kind of mosquito; and "yellow jack" is the same thing, only a different kind of mosquito—there have been discovered about 40 or 50 different varieties of mosquitoes. It was early observed that exposure to *night air* was frequently followed by either malaria or yellow fever; and this as well as other observations gave rise to a supposed similarity of cause of these two diseases. All this is now explained by the discovery of the fact that the two kinds of mosquitoes which communicate these two diseases are "night birds." It is all very simple, after we know. The knowledge of these facts, seemingly simple after they have been workt out, makes it possible to render tropical and subtropical countries salubrious, which were formerly dreaded and shunned on account of the prevalence of these diseases. The economic and other benefits of these discoveries to the present generation and future ages are incalculable. The hookworm is another pest of the southern portions of our own and other countries that has lately been successfully attackt by medical science, and the conquering of this pest will put health and prosperity where misery and poverty existed before.

In order to not make this plea for medical science as distinguisht from surgical science unnecessarily long, we do not particularize, but merely mention vaccination, diphtheria antitoxin, typhoid fever restriction, etc., by which many thousands of lives are saved, and many weeks of illness prevented every year.

And here we note another distinction: the blessings of surgery are, as a rule, to the individual. A timely appendectomy saves the *individual*, and does not affect the community only inasmuch as the saving of that individual may affect the commun-

Digitized by Google

ity. On the contrary, the victories of medical science noted above affect not only communities, but entire peoples and nations. For example, yellow fever used to claim its thousands every year; now the mortality from this disease is trifling; and the countries formerly burdened by it not only save these lives, but many other people are attracted to these countries by removal of the fever, and much prosperity results. So while appreciating the brilliant achievements of surgery, let us not fail to appreciate the far-reaching victories of medical science.

Surgical Conservatism.

About 12 or 15 years ago I met in New York City at the house of a mutual friend a former acquaintance, a part of whose history I wish to give briefly. I had previously known him as a bright and promising youth, since which time he had graduated in medicin, with distinction. For a few years he had charge of the physical training department of one of our largest and oldest Eastern universities, as physician and gymnastic expert. One day he fell on the ice and hurt his knee. According to the orthodox method (still in vogue), it was treated by rest and counter-irritation. The knee did not get along very favorably. Of course his injured member received the best professional attention, and he was duly hopeful. Some time after, an ugly fate caused him to hurt the *other* knee, which under the same orthodox treatment showed the same indisposition to recover. While after his first injury his usefulness in his position was greatly impaired, now with both knees lame he had to give up his position entirely.

At the time I saw him in New York he was unable to do any professional work except some insurance examining at the central office. He get could about only with great difficulty, by the aid of crutches. He had then been in that condition about two or three years. I saw the stiff and swollen knees, scarred by all sorts of applications, even to the actual cautery. As some of the best surgeons in New England and New York City had been consulted, I could say nothing except words of sympathy. He seemed to be doomed to be a lifelong cripple—a sad condition for an educated, talented young man, an expert athlete, and a physician.

Several years later I again saw our mutual friend at whose house I had met my former acquaintance, and I askt, "What has become of Dr. S.?" The answer was, "He went west, to Missouri, where his knees were completely cured, and we heard that he went into business with the man who cured him." That is the last I ever heard of Dr. S., but I have thought of his case perhaps thousands of times since then, and always with humiliation for our profession.

Another knee case: A few summers ago a young man well known to me spent a few vacation weeks in the country, and while there injured his knee. He promptly went to a country doctor, who lookt at the knee (I don't think he toucht it), and prescribed a linament and rest. He came back to the city still crippled, went to a city doctor, who prescribed more linament and rest. His patience being exhausted, he sought another doctor, who ordered antiphlogistine and rest. Well, the young man had to go to work; and he was getting in a desperate condition. It was then that some friends said, "Why don't you go to an osteopath?"—and he finally he did. Imagin his wife's delight when he walkt in after the first treatment with scarcely a limp. He said, "I can soon go back to work, for the osteopath said I must *use* my knee." No application of any sort. He broke up the adhesions, and told the patient to *use* the joint, and thus the adhesions were prevented from re-forming. I met the patient sometime afterward, and I askt him the particulars of the treatments. He told me about as follows: "The osteopath said, 'This is just the kind of cases that we like to get. I can cure you without any trouble.' Then he put me on a table, and moved my knee joint freely, and told me to walk on it right along, which I did, returning to him for further treatments; but my knee was entirely well before the course was finisht." This young man (an intelligent man with positiv opinions) considers the doctors who so ignominiously failed to cure him—tho they charged him—as quacks and cheats, "because they did not know their business."

When I learn such things as the above I always feel "sheepish"; don't you? I have always known that we, as a profession, are not perfect; and why should we not admit it, and be willing to learn—

Digitized by Google

learn from *anybody* who can get better results than we can, even tho it be humiliating to go outside our profession for knowledge. However, I am happy to say that I have found the information which would have saved the professional reputation of the doctors who handled the above cases, without going outside of our profession. This I found in the book by Wharton P. Hood, M.D., etc., mentioned in this issue following the article on Sprains. But Dr. Hood got his information and his training from a notorious London "quack"—a "bone-setter" by heredity. His book tells all about it.

If the above-mentioned cases had been in the hands of Dr. Hood, or of the gentleman who contributes the article on Sprains in this issue, they would never have reached the chronic condition; and if they had fallen into the hands of either of these two gentlemen after reaching the chronic condition, they would have received exactly the treatment given by the osteopaths, with the same brilliant results. And Dr. Hood has been doing this in London since about 1870; and he has freely told about his work in medical literature; but doctors are about as slow to revise and change their views in medicin as most people are to revise their views in religion.

We have all been taught to treat injured, inflamed, and painful joints with rest, *rest*, *REST*. This allows free infiltration and permits the formation of adhesions, and then there is a sorry history. Gentlemen, it is time for us to learn something about these and other cases in which our orthodox management leads to failure and disgrace. I have been feeling this disgrace for a long time, and I have determined that *this year* I will do my best to remove it. So any man who does not wish some of his old opinions and practises "jarred" may take warning not to read this magazine this year. It has become customary to abuse the osteopaths for their mistakes, the arrogance of their claims, the ignorance of the vast majority of their practicians, etc., but this is not enuf; and it will avail little unless we correct our own mistakes, and set our own house in better order. This is what this magazine will endeavor to do during the coming year.

A Va. brother sent his renewal on Dec. 15th, and wrote: "Doctor, I used to be a 'tail-ender'—always a 'tail-ender.' But thanks to your sensible Talks, I have learned better." [A "tail-ender" is one who does not pay his subscription till he has been dunned several times.—ED.]

Business Talk to Doctors.

Do your best work, collect a reasonable compensation, make rational use of your income thus gained—and then do more good work, collect, use—work, collect, use, etc., etc., etc. This is not the "vicious circle," but the *normal* circle. It applies not only to doctors, but to all other persons who earn their living. Break any part of this circle, and failure is the result. In whatever calling one is engaged, he must do acceptable work or he is a failure. And however acceptable and successful his work, if he does not get reasonable compensation for it he cannot continue it (unless he has an income from some other source), for the worker must have normal sustenance, or he cannot continue his work.

Now as to "rational use." The most fundamental and necessary use of compensation for one's labors is the obtaining of proper food, clothing and shelter. These three problems confront all of us at all times. Assuming the "where-withall," the use of it, or a part of it, for these three purposes requires the constant exercise of judgment and taste. We married men know that this function is largely assumed by the feminin portion of humanity; and usually the wives and mothers demonstrate that they are pre-eminently fitted for this task, both by nature and training. They know what the children need in the way of food, clothing, etc., much better than the husbands and fathers do; and this may be said to be true in the vast majority of instances even when the husband and father is a physician; and they know the needs of the doctor husband and father better than he does himself, for her love and instinct are ever on the alert for the loved one's good, and she can take better care of him than he can with his cold judgment—and forgetfulness. Sensible is the man, then, who tamely submits to her seeming dictation. But when it comes to guiding herself she is more at sea than the husband; for she will forget her overshoes when most needed, she will dress too thinly and suffer with cold if she thinks she "looks better," and she will eat unwisely and too much—if not drest too tightly. So she should submit to the solicitous guidance of the husband as willingly as she expects him to submit. Husbands, do I express your sentiments? Our interests, our relations, and our affections are so mingled

Digitized by Google

and intertwined that we forget self in our care for others. This is a conservation scheme much higher than individual brute selfishness.

But let us return to the centre of our theme; for any one of its many branches will lead us into interesting fields that would require pages to do justice to. The worker must have sustenance in order to be able to continue his work. But however well sustained, he will grow old and die. Therefore in order that the work may not be confined to one generation, but continue indefinitly, the worker must receive not only enuf for his own sustenance, but he must also be enabled to sustain and protect a mother for his children, and also sustain and protect the children until they are raised and educated, and ready to assume the duties of production. This is a scheme of nature which the intricacies of civilized life have sadly interfered with at many points, but such interference always results disastrously; so we should base all our artificial schemes upon this basic and necessary scheme of nature.

The doctor, being a part of our industrial civilization, must render to society his best services, and he must get a recompense sufficient to sustain himself and raise a family. Then comes the question of sustenance and care in old age. A truly ethical civilization would put this duty (it should be a pleasure) upon the children. In Japan and China it is so, I understand, but our "youthful" civilization has not yet developt that high type of ethics; for we see numberless cases of neglect of aged parents. They say, "we must first look after the needs of our *children*." This brings to my mind a remark an old farmer made many years ago, back in Indiana. "My boys are no good to me. But neither was I any good to my father. I suppose we pay to our *children* the debts and obligations which we really owe to our *parents*." This old farmer was an observer and a philosopher. He discerned a partial reversal of the normal order of nature; for the generation in its prime owes sustenance and protection to both the decrepit of the passing generation, and the helpless of the coming generation.

Many artificial plans have been invented to meet these exigencies, as insurance for the widow and orphans; term insurance, to be paid to the insured if he is alive at the end of the term; and many other schemes too numerous to mention. Most of these plans have a legitimate field of usefulness, for we are living an artificial life, and life, health and fortune are very uncertain. As we cannot depend upon our children to care for us in old age, the prudent will always try to provide for the proverbial "rainy day," either by some form of insurance, or by private savings and investments. Here is where the shark gets in his work. He preys on the savings of those who are prudent enuf to save, but not sufficiently skilled in financial matters to invest wisely. And here begins again our old story. Doctors, as a rule, do not know how to invest wisely. This is said to be true also of dentists, teachers, clergymen — in short, the professional classes generally, even including lawyers when they invest for themselves. Why is this? Because the professional mind is occupied with the problems of the profession, to which the individual is usually devoted, to the exclusion of that deliberate and devoted attention to financial matters that is necessary to success; for the financial man must be no less devoted to *his* occupation to secure success, than the doctor or other professional man to his profession to secure success in that.

The question is, shall the doctor save or invest; and if he shall invest, what rules or principles shall govern him in so doing? This has been the burden of these Business Talks month after month until the months have grown into years, and the subject still seems young. And the burden of my counsel has been chiefly what *not* to do; for it is always safe to *keep* your money in the bank at nominal interest; and it is better to guard the principal carefully than to lose it in some wild venture with the hope of large gains. These large gains are chimerical; they exist chiefly in the minds of clever schemers who want to "rake in" the savings of those who are prudent enuf to save, but who do not know how to invest safely and wisely. I have frequently been told that I have saved hundreds of thousands of dollars per year to the medical profession by exposing the numerous schemes that are exploited to catch the savings of doctors—and that used to thrive chiefly on the savings of doctors. If that is true, I think my wages ought to be raised; don't you? I ought to get at least a reasonable percent of the amount saved. But I am not complaining. Doctors have to accept

Digitized by Google

much of their recompense in consciousness of duty done; and I cannot hope to be an exception to this rule.

Now let us look at the pile of material concerning doctors' business matters that accumulates every month. Dr. F. C. Hull, of Carlisle, Iowa, writes: "I inclose a set of letters that has kept dead beats down to a minimum for me." I judge from their appearance that he purchased them from some collection concern. Here they are.

(1)

.....19.....

M.....

DEAR SIR:

Being greatly in need of money we are compelled to ask those who are indebted to us to please call and settle as soon as they conveniently can.

According to our books the amount of your indebtedness to us is $.....

We do not wish to press you, but if you will render us the assistance asked it will be appreciated.

Yours respectfully,

.....

(2)

DEAR SIR:

It again becomes necessary for us to request a settlement of your account with us. We are willing to give all the accommodation possible, but we need the money and must insist on an early settlement.

Our books show a balance against you of $..... Please give this matter your early attention, and oblige,

Yours respectfully,

(3)

DEAR SIR:

As you have not given the matter referred to in our previous letters your attention, we must now inform you that your account is long past due and we cannot afford to let it run any longer. If the same is not paid or satisfactory arrangements made for payment of the same on or before ....., 19....., we shall take steps to force collection. We do not wish to make you any trouble or cost; but if we do, it will be your fault and not ours.

The amount due is $.....

Respectfully,

He also incloses what seems to be a leaf printed on only one side, evidently torn from a pad. It seems that the plan is that the bottom notice is to be torn at the perforation and mailed, and after a reasonable time the next one, and so on until the four notices have been sent, memoranda being made on the stub, which is kept. Here is a copy of the page:

First Notice sent.....Second Notice sent.....
Third Notice sent.....Fourth Notice sent.....
Name.....

. . . . . .

.....19....

Mr..... (4)

Date of Account		AMOUNT

We have repeatedly askt you for a settlement of this account, but you have ignored our demands. Unless it is paid or satisfactory arrangments made for its payment by.....we shall take the necessary steps to collect it.

.....

. . . . . .

.....19....

Mr..... (3)

Date of Account		AMOUNT

We find you are still delinquent to the above amount, which you will please settle at once or make satisfactory arrangements for payment. We do not wish to make you any cost, but if we do it will be your fault, not ours.

.....

. . . . . .

.....19....

Mr..... (2)

Date of Account	PLEASE NOTICE THE DATE	AMOUNT

We beg to remind you that your account has not been paid and is now past due. In requesting a prompt settlement we are asking no more of you than our creditors ask of us. Give this your immediate attention, and oblige,

.....

. . . . . .

.....19....

Mr..... (1)

Date of Account		AMOUNT

This account has evidently escaped your notice. We need money to meet our obligations, and while we do not wish to crowd you, if you can favor us with a settlement it will be appreciated.

.....

It seems that both the letters and the notices are planned for the use of commercial firms, as grocers, general merchants, etc. While they can be made to do service for a doctor, it is better that a doctor compose his own letters, or use those gotten up specially for doctors' use. Dr. S. I. I. Battiste, of Louisville, Ky., asks for such, saying that he received the December WORLD too late to use the letters given therein before Christmas. Doctor, get all these letters together; then try your hand on a set for a doctor's use, not planned for Christmas, but for any

Digitized by Google

time of the year, and send us the results for publication. Others please try their hands also, and let us have the combined tact and wisdom of those who will volunteer. And allow me to again urge the profession to give to their collections the attention that the matter deserves. If Dr. Hull, of Iowa, "keeps dead beats down to a minimum" with the system given above, you can do better with a better set of letters, and you can prepare this "better set" yourself, with the above models, and the letters in December and January WORLDS before you. Money is not inclined to come to you without your manifesting any concern about it; but you will be surprised how easily you can realize on a large part of your book accounts by just saying the right word at the right time; and the nicest way to do this is in the form of a letter, as per the examples that have been placed before you. If the first letter doesn't "do the trick," then institute the follow-up system that has been so successfully applied by the collection agencies, and which is illustrated above, and also in December WORLD.

Dr. W. H. Ketchum, of Hopkinsville, Ky., sends his $3 renewal, writing on the back of a collection letter executed in neat typewriting (I think it is real typewriting, not printed), the letter being an exact copy of the first letter given in December Business Talk, beginning at the bottom of page 509. The letter is dated 12, 8, '09. so the doctor "got busy" soon after he received the December WORLD. He wrote the letter to us inclosing the subscription on Christmas Day, and he says: "Tried collection scheme and it workt like magic. Truly it made 'night riders' ground their arms and come in and pay up. We Kentuckians admire your original articles in Monthly Talks, and we say, *keep them up.*"

Grantsburg, Wis., Dec. 20, 1909.

DEAR DOCTOR TAYLOR:—I have been very much interested in your "Business Talks to Doctors," and have perhaps been benefited often by your warnings about investments. But in your December number I took notice of your dunning letter forms and thought I would put part of your advice into practise. I had an old customer who had owed me $3 for many years, and I had sent him statements again and again, but no reply; so I sent him form No. 3, and in about a week he sent his wife down to my office (he was ashamed to to come himself) with the $3, and apologized for keeping me waiting so long and thankt me for the very nice letter I wrote them.

I now herewith enclose the $3 and ask you to credit my subscription for 4 years, and I consider I am not paying anything, as this is $3 which I had long ago placed in the profit and loss column. I am now trying these forms (in writing) to a few more slow pays, and expect some results. Wishing you the joys of the season, I am, Yours very truly,

P. BAKKE, M.D.

These two are the only reports that I have received showing that the letters have been used. You can lead the horse to water, but you can't make him drink. And the horse that doesn't drink goes thirsty. I can show you how to make your collections, but if you don't put the plan into operation, you can't expect the results. Selah!

The strictly medical portion of THE WORLD is intended to help you to do your best work for your patients. The model letters, etc., above given are intended to help you to get reasonable compensation for your work. Now, assuming that you live on on a reasonable scale according to your income, keep your debts paid, and have some surplus for the proverbial "rainy day," how shall you invest it? In this connection, here is a part of a letter from an Arkansas brother:

THE WORLD is a hummer; keep it going. Your article in November WORLD on "don't invest your money in insurance stock" came just in time to save me investing about $4000 in insurance stock. I had a cinch of making "25 per cent. after the first year." Your journal is worth millions each year to the doctors if they heed your warning.

Gold mine schemes have become pretty well worn out. Many people have been putting money into them for many years, but the promised riches have not materialized; so the promoters have considered it wise to try something new. The insurance scandals of a few years ago gave them a cue, and many new insurance companies have been projected as a consequence. They can't all prosper. It requires special adaptability. much experience, sufficient capital, and arduous work for years, to make a business of that kind "go." It is likely that the promoters of these new insurance companies have their minds on the reputed large profits of the old companies, rather than on the requisits for success.

And this brings us to a painful matter, for I have no disposition to say "I told you so," nor to gloat over the discomfiture of others. I have received a number of newspaper clippings concerning the "Knights of Modern Chivalry." I will publish only one, as it tells the whole

Digitized by Google

story. This clipping is from the Utica (N. Y.) *Herald-Dispatch:*

PHYSICIANS LURED BY NAPOLEON HICKS.

PAID $25 TO BE KNIGHTS OF CHIVALRY.

SOCIETY HAS BUT $109.31.

IT OWES A GREAT DEAL MORE THAN THAT, HOWEVER, AND AS RESULT SUPERINTENDENT HOTCHKISS HAS TAKEN CHARGE OF ITS AFFAIRS.

ALBANY, Dec. 23, 1909.—That scores of physicians in various parts of the country have contributed $20 each for a benefit certificate in the "Knights of Modern Chivalry" with an additional $5 as a fee for the title of "City Court Esculapius," or in plain terms, medical examiner, developt yesterday when an order was secured from Supreme Court Justice Chester placing Superintendent Hotchkiss of the State Insurance Department in charge of the affairs of the organization.

The Knights of Modern Chivalry, a fraternal beneficiary society with headquarters in Albany, was organized last June by N. Napoleon Hicks. According to a report of a recent examination by the Insurance Department, although $6,665 has been paid in almost wholly by physicians since that time, and no insurance benefits have been paid to members, the society has but $109.31 in its treasury, with apparent liabilities of $1,407.02.

THE MONEY HICKS GOT.

"The check stubs indicate," said Superintendent Hotchkiss last night, "that in spite of the fact that the organization calls for the payment per month of $150 to a supreme record keeper, $100 to a supreme banker and $100 to a supreme organizer, more than half of the money disburst has apparently been paid to N. Napoleon Hicks, who is the 'chief justice' of the society. At the time of the examination, which was ordered on December 14th, the society had 268 members, with $536,000 of insurance in force, all of which are, with four exceptions, in the 'Esculapian' class."

Complaint having been made as to the failure of the society to meet an accident claim, the Insurance Department called for a statement. "Chief Justice" Hicks replied that the society was not liable for the payment of any benefit, either life or accident, during the first year of membership.

Physicians became interested on the alleged misrepresentation that lodges were to be formed in various cities and villages and that they were to be appointed medical examiners.

"No lodges have been formed," said Superintendent Hotchkiss last night, "and the society at this time is practically nothing more than an assessment association, whose members have parted with their money and become liable to assessments, without having secured any benefits or being likely to secure any."

Superintendent Hotchkiss says the society used misleading promotion literature by making reference to the National Security Company and the Farmers' Loan and Trust Company of New York in a manner which might lead to the belief that they were in some way back of the organization.

BANK MADE OBJECTION.

"The fact is," says Mr. Hotchkiss, "that the National Security Company had merely given a bond which made it liable to the Knights of Modern Chivalry in certain contingencies, provided such society deposited its funds in the Farmers' Loan and Trust Company, and the records show that the last mentioned company not only refused to accept such deposit, but on September 10, 1909, warned the society to cease using its financial statement or name."

Superintendent Hotchkiss will ask the Legislature for authority to refuse to issue licenses to organizations when in his judgment such action should be taken. Under existing law this cannot be done.

Those who have read the "Business Talks" carefully know that I told them, months ago, that this concern was seeking to use the names and the money of doctors to start their enterprise; and so it turns out. There was every indication of this, as I pointed out months ago; but the condition is much worse than I then thought. I then said that they should use *their own* money and efforts to get their start. I then thought that they certainly had *some* money of their own, and that they certainly would not expect the medical profession to furnish *all* the money necessary to start their company. But you see that they did expect that old, good-natured (and foolish) pack-horse, the medical profession to carry them to success and competence. And this is not an isolated case. Many concerns try to ride to wealth and ease on the shoulders of the medical profession, and many of them succeed. Selah!

❦ ❦ ❦

Some of my subscribers ask if land in the Everglade swamp of Florida is worth $24 per acre. I answer emphatically *no.* But if the drainage plans now started and under way are successful, and if it becomes possible to live on and cultivate this land, it will probably be worth more than $24 per acre. If you want to invest, wait till the proposition becomes sufficiently advanced for an investment; then go down there and invest if you think it wise after you arrive there and look the country over. And if you want to speculate, and have the ready money now to do it, go to the capital, see the Land Board, of which the Governor is one, and maybe you can get land in the swamps down there for about a dollar an acre, which may become valuable sometime if it becomes drained, and if cultivation of the land ever becomes practicable. I have read the absorbingly interesting pamphlets and circulars on this subject, and what I have said above is what I would do if I expected to buy Florida land. In fact, a man who has several thousands of dollars to "plant" somewhere, and who will not need any income from the same for some years, and who will not be seriously discommoded if he should be "called above" before he knows whether he has lost or won on the venture (his estate finally realizing if it should come out all right), and who can conveniently take a trip to Florida this winter, I would suggest that he go and enjoy a good winter vacation, and incidentally look up the swamp land question in the way that I have indicated. It *might* result in his children having a productiv estate down there some time. I know that there are many "if's" involved in this proposition, but instead of taking any of them out, I wish the reader to emphasize every "if" in it. And let me emphasize this also: *Don't* contribute to the prosperity of any company which

Digitized by Google

is exploiting this land. There are Chicago and St. Louis companies exploiting Florida, Mexico and California lands. They seem a long distance from the base of their operations, but they are not; for it is *the people* that they are exploiting, rather than the lands. They are playing for profits from the people—they expect to get money from your pockets, and not from the lands. After they sell these lands at a handsome profit, they will be thru with the matter, and you will be helpless, thousands of miles from the expensiv little tract which you have bought. My advice to you has always been, buy no land until you have seen it. When you are on the spot you can *perhaps* tell something about its real value; and if you buy in the local market, you will be likely to be able to buy at a normal price instead of an inflated one.

An N. Y. brother writes:

Will you please tell me if it is safe to invest money in the Columbia Investment and Real Estate Company? Their office is in Times Building, New York City.

I don't know. There are many of those real estate companies in New York City, and some of them advertise in high class magazines, as the World's Work. But *why* invest in them? They offer bonds, and they *say* that good N. Y. City real estate is behind the bonds. But if you buy a high class railroad bond you *know* what is behind it. And you can lend your money on a good farm in your community and also *know* what is behind the loan, and get as good or better interest than the N. Y. City real estate companies pay on their bonds. Don't buy *any* bonds until you get expert opinions concerning their value—disinterested expert opinions. Your banker can give you a good idea as to values.

* * *

I will finish this Talk by reprinting a rather striking communication that appeared in the *Lancet-Clinic*. I will first warn you that it is not pleasant reading. It also demonstrates, incidentally, the importance of these Business Talks to doctors. You will be astonished to learn that so large a percentage of doctors are considered dishonest. That is a shocking thing to discover. I don't think it is dishonesty. It is "cussed carelessness." But commercial houses do not make excuses for the profession. They call repeated neglect, which results in permanent failure, to pay a bill, *dishonesty*—whether the "dead beat" be a doctor, plumber, hack driver, or whatever his occupation may be. Remember that. Doctors are great men to their patients; to some patients they seem as little gods. But the commercial world looks upon doctors just the same as they look upon other classes; and the doctor who fails to pay his bills is put down as dishonest, just as men of other occupations are. No excuses are made for him—and why should there be? Let us regard such doctors as enemies to the profession; because they bring the profession into disrepute. A strong sentiment in the profession should arise against them. Here is the communication:

MEDICAL ECONOMICS.

CINCINNATI, November 28, 1909.

EDITOR LANCET-CLINIC:

"The Commentator," who says so many good things in such a delightful way, has been appreciated by me since his appearance in your columns. In your issue of November 20th, he has taken up the economics of medicin in his usual fearless manner. But at that he has only partially stated the case.

While the recent financial depression has accentuated conditions, and the ever-increasing accessions to the ranks from the medical colleges adds its quota, these are but incidents in producing the present truly deplorable economic condition of the medical profession. Preventiv medicin and public sanitation are also reducing the morbidity of this nation, and thereby decreasing the income of the profession

Your estimate of an average income of six hundred dollars per annum is about correct. That is an average of $1.60 per day, working seven days per week and all holidays. Compare this with the average wage of the most ordinary laborer, and then you may feel that comparisons are indeed odious at times. If you wish to know where the shoe pinches most, ask the physician's wife and his creditors. Ministers' and school teachers' wives have been immortalized in prose and poetry for their ability to make both ends meet, and heroic fortitude in facing genteel poverty. The physician's wife is fast joining with them. And as to the creditors, ask any medical supply house for their honest opinion of the average physician. That a national organization exists which has a deadbeat list of 20,000 names of doctors may be startling news to you, and the statement of an officer of that organization that this list really should contain the names of at least 20,000 more isn't pleasant reading. There are about 140 000 physicians in this country, and that almost 30 per cent. are considered absolutely dishonest by their chief creditors comes as a decided shock to members of a profession priding itself upon its high ethics. Physicians, considered as a class, have a lower rating from a commercial viewpoint than any other class. An average of 5 per cent. in any other class is considered a fair estimate of dead beats. That six times this number is computed as dishonest

Digitized by Google

among doctors, either speaks very ill of our morals or points to some very erroneous conceptions of our economic relations to the general public.

In my opinion, three great evils have engrafted themselves upon the profession, and we must in truth admit that the profession is itself most to blame for their existence. I have reference to medical charity abuse, contract practise and lack of system in keeping and collecting accounts. These three are closely interrelated and react upon each other.

It is far from my intention to decry medical charity. That is a privilege and pleasure that can never be denied worthy followers of Æsculapius. It is to the abuse of this boon to the impoverished sick to which I most strenuously object. The tens of thousands of hospitals, clinics, polyclinics, dispensaries, out-patient departments, visiting nurses, of general character and for special purposes, as obstetrics, tuberculosis, mental and nervous diseases, epileptics, crippled and deformed, blind, etc., are conducted without any effort at systematic elimination of those who are seeking to avoid paying a reasonable return for services rendered, altho able to do so. To what sums this abuse can run was graphically shown in a paper read before the Chicago Medical Society some years ago. From figures obtained only from the larger institutions it was shown that $7,000,000 was diverted annually from the incomes of Chicago physicians, by free attendance upon patients from the middle and higher walks of life, who were able to pay at least some fee if so-called charity were not so easily obtainable. This was equivalent to taking from the pocketbook of each qualified physician in Chicago the very comfortable sum of $2,500. When you bear in mind that the average income of 70,000 doctors in America is less than $1,200, the force of my argument will become evident.

The chief struggle of the Leipsic Verband, an organization in Germany to conserve the material interests of the profession, is for *Freien Arztenwahl* (free choice of physician) by the public. Germany is so honeycombed by contract practise in the way of Krankenkasse that the lay individual has no choice in the selection of his medical attendant. Every secret society, church organization, large mercantile, manufacturing and transportation company, labor union and even the State, conducts a sick benefit feature, contribution to which is almost mandatory. In the event of sickness or accident the patient must perforce accept the physician of his special Krankenkasse. In making the contract between the Krankenkasse and the individual physician, every such contract must conform to certain standards required by the Leipsic Verband.

While America has not yet come to such a pass in the matter of contract practise, the tendency of recent years is certainly in that direction. The present wide lay agitation of the tuberculosis question is inducing secret, church and labor organizations, as well as various States and individuals, to contribute to and erect sanatoria and equip tubercular clinics. When these various agencies are in full operation, the number of patients left to be treated by the general practician will be greatly reduced. Several Eastern States are agitating the erection of nervous and mental hospitals in addition to the present insane asylums. Should this movement become widespread, and there is every indication to believe it will, another large class of patients will be withdrawn from the attendance of physicians not having hospital appointments. The number of private special hospitals and sanatoria, as well as mineral water resorts and dietetic institutions, is rapidly on the increase. Add to this contract work done by religious, secret and labor organizations other than are enumerated above, and you will begin to perceive more clearly why the amount of general practise has slumpt so heavily in recent years. And bear in mind, this movement is progressiv, not retrogressiv, as some doctors are fondly trying to delude themselves into believing. This is an era of the grossest materialism, and each special group in society is banding itself together to exploit every other group. The medical profession, not being organized to oppose material exploitation, is at present bearing the brunt of attack.

Add to all of the foregoing the third factor named above, *i.e.*, lack of system in keeping and collecting accounts. The statement is frequently made that medicin is a profession and not a business, and this remark is usually made by the very men who in the next breath will complain of their economic condition. I hope that medicin will always remain a profession, but a certain amount of business will always be inextricably linkt to it. Until private employment and pay is supplanted by public employment and pay, *i.e.*, socialization of medicin, every individual must perforce collect his own sustenance. And to do that some account system must be adopted and strictly adhered to. I know the aversion of the average physician to this, but until it is done very little progress will be made to improve the economic condition of the profession. The lamentable laxity of the profession in this matter has become a by-word to the public, and every advantage is taken of it. We have been soaring in the clouds of science and ethics, and we must again get our feet on the terra firma of rational business methods.

An organization similar to the Leipsic Verband in Germany is an urgent need in America. It must be modified and adapted to American needs and ideals. No organization for scientific and professional purposes can handle these questions. Germany has proven that years ago. Several county medical societies are slowly learning this lesson at considerable expense of time and money.

This, dear editor, may seem to you a rather too pessimistic presentation of facts, but the true pessimist is the best optimist. Don't let us assume the proverbial attitude of the ostrich. Our present position toward our material welfare is radically wrong, and a right-about face is necessary. No one realizes the danger of a too great swing of the pendulum more than the writer, but reform is imperativ. A. MEDICUS, JR.

An Ohio brother, who asks that his name be not mentioned, writes: "Inclosed $2 check for WORLD and the Story of the Bible. You have taught me thru THE WORLD to collect and save a part of my collections. Have taken two post-graduate courses in last six years and saved $6,000. Have most of the money in municipal bonds, in denominations of $100 to $500, drawing from 3.85 per cent. to 4 per cent., tax exempt in Ohio; the balance in small notes. You can advise the brotherhood to purchase small municipal bonds with their savings and the public will know nothing of it. I appear always hard-prest for money to those who owe me."

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Massage in the Treatment of Sprains.

EDITOR MEDICAL WORLD:—There are few conditions in which massage is used with better and quicker results than in sprains. Whenever there is a tear of a ligament we must have rest and the old plaster of paris bandage; but we will now refer to the ordinary sprain of the ankle joint, which is so successfully treated by scientific massage that the writer would like every reader of THE WORLD to be come seriously interested in this rational method.

We look upon a sprain as a sudden partial dislocation with a quick replacement of a joint. We know that there are exudations from the ruptured veins and lymphatics, with intense pain from the pressure of the distended vessels upon nerves. Now the question is: Shall we work away these exudations, or shall we put on a stiff cast to allow them to harden and settle in and around the joint? Suppose we do use the cast; when we take it off after two or three weeks, we still have a stiff and partially anchylosed joint, which afterwards for best future results requires as much mechanical treatment as the original sprain under modern methods would need for a cure. An ordinary sprain is cured in five days; and many a one the writer has cured in three days. By using massage from the very start we know that all the effusion is absorbed, and not stagnated and hardened in the many articular surfaces of the tarsus. That old, bad sprain which was "worse than a break," was caused not only by the relaxt and weakened muscles and tendons and ligaments, but also by the infiltrated exudations that Nature, even under strong pressure, could not fully absorb.

In an ordinary sprain, first of all, let us make use of hot water or the ice bag; and in most cases of normal health I prefer the latter. (To the reader who is specially interested in joint affections I would beg to recommend the valuable work of Dr. Bier: "Hyperaemie als Heilmittel," Leipzig, 1903.) The ice bag relieves the inflammation quicker, but the hot water is more soothing to the average patient, especially so when certain anodynes are added to it. Now elevate the limb with one pillow underneath the knee and another laid lengthwise under the leg with good support for the tarsus. Oil the skin well and start with gentle effleurage (stroking) upward from *above* the malleoli up to the knee, turning and carefully supporting the limb. Now that we have prepared an outlet for the inflammatory exudations, we begin with gentle strokings of the dorsum of the foot, carefully supporting with the other hand, gradually reaching around to the malleoli. The first treatment consists of strokings only for ten to fifteen minutes, and afterward I always apply a linen bandage, and I am glad to recommend the "Bender" or "Ideal" linen bandage for this purpose. It stretches like a rubber bandage and feels most comfortable to the skin. Treatments are given twice daily, and the foot is kept elevated.

In the second treatment we begin with strokings as before, and continue with small, circular frictions over the sore part which generally is to be found in front of and below the malleolus. The swelling, heat and the pain are now disappearing, and the patient, if not abused by too hard pressure at the first treatment, feels comfortable and has good faith in a speedy recovery from the new method of treatment.

We should always finish the treatment with strokings. Use less oil for each successiv treatment, so as to make the manipulations more efficacious. The sooner a sprain is massaged after the injury, the quicker the recovery. In the twenty-five years the writer has treated sprains by massage, he has never seen a recurrent attack in the same joint. Could anything speak more strongly for this method? The treatment is *not* very painful if properly carried out, and when we get good and permanent results in at least one-third the time of the old methods, and the patient can use his foot moderately after the second or third treatment—according to circumstances—why not try it?

Digitized by Google

The busy patient is specially thankful to be able to be around on the third day instead of staying at home for weeks perhaps. We must not forget that many constitutional conditions develop from enforced inactivity.

Before discharging the patient we give some passiv movements, principally in the form of flexion and extension, also partial rotation to fully prevent any possible adhesions. The operator must carefully watch the effect of abduction and adduction, and select his movements accordingly.

Any one interested in this line of work will find great satisfaction in reading: "Treatment of Injuries," by Wharton P. Hood, M.D., of London, England.

KURRE W. OSTROM.

112 N. 16th St., Philadelphia.

[The above named gentleman is a nativ of Sweden, where he received a University education and two years in medical college before coming to this country. He then took up the Swedish Manual Methods of treatment from a strictly scientific and scholarly standpoint, combined with the skill that is the result of natural adaptation, careful training, constant practise, and conscientious devotion. He has always workt in harmony with the medical profession, the ethics of our profession having no stronger champion nor more faithful adherent than he. He has workt with, and still works with, the very best medical men of Philadelphia—names that are known wherever American medicin is known.

We all know the astounding claims made by the osteopaths. We must also admit that in *some* cases their claims are made good. We also know the rather unsatisfactory discussions on this subject in the last few issues of THE WORLD. Taking all these things into consideration, I felt that THE WORLD owes something to its readers along the line of *manual treatment*, from a strictly scientific standpoint, and from a master of the art. I have been fortunate in securing for this service to the profession, the above named nativ of that country in which manual treatment had its origin, and in which country this art has been skillfully practised for more than a century. The above is the first of a series of articles, beginning with one of the simplest class of injuries, sprains, then progressing to dislocations, fractures, etc., so that within the present year we hope to cover perhaps the chief classes of injuries and conditions in which manual treatment can be used with conspicuous advantage. Our friend Mr. Ostrom does not enter upon this series of articles in any controversial spirit; hence he will not mention osteopaths nor osteopathy, but will adhere strictly to the subject of manual treatment as he knows it and practises it.

Now let me ask our family of "pill peddlers" not to consider themselves above this method of treatment, and not to make such remarks as "that is only massage;" "he is only a masseur," etc. Any method that will relieve suffering humanity and benefit the human race is deserving of as much "dignity" and "honor" as any other; and if any method proves itself *better* than older methods, however much "authority" there may be behind the older methods, the newer and better method deserves *more* "honor," and more dignified consideration than the older and inferior methods. The surgeon is skillful with the knife, and we admire him for it; why should he not become skillful with his *hands*, also, and why should we not admire him for *that*, if he should acquire this additional skill?

I further suggest that those who are specially interested do some concurrent reading. In this connection I suggest, for the present, the following two books.

The Treatment of Injuries by Friction and Movement. By Wharton P. Hood, M.D., St. Andrews, M.R.C.S., L.S.A., etc. Macmillan & Co., Ltd., London, 1902. Price, $1.25 net.

Imported by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

Lectures on the Use of Massage and Early Passiv Movements in Recent Fractures and Other Common Surgical Injuries. The Treatment of Internal Derangements of the Knee-Joint and the Management of Stiff Joints. By Sir William H. Bennett, K.C.V.O., F.R.C.S., Senior Surgeon to St. George's Hospital, etc. Longmans, Green & Co., London, New York and Bombay, 1908. Price, $1.75 net.

Mr. Ostrom loaned these two books to me from his library, and I can say that any medical man who will read them will see a new light. It has long been a shame that "quacks" get better results in the above classes of cases than the regular profession can get, and the writers of the above books are trying to convert the profession to better methods.

Here should be mentioned Mr. Ostrom's own book, "Massage and the Swedish Movements," now in the sixth edition, publisht by those old and well-known medical publishers, P. Blakiston's Son & Co., 1012 Walnut St., Phila. Price, $1.

Digitized by Google

This is fully illustrated and practical, not indulging in theory but giving the necessary directions briefly and in the plainest possible language, accompanied by necessary illustrations.—ED.]

Prescription Writing.

EDITOR MEDICAL WORLD:—I would suggest that a few good prescriptions be printed each month, as most doctors have not had the amount of training they should have in the art of originating formulæ that are both effectiv and palatable, and they fall into the habit of using only the preparations put up by the drug houses. They should have more training in the art of getting up their own prescriptions, and I think if a few were publisht from time to time it would give them new and better ideas. E. W. ZOOK, M.D.

Dunlap, Ill.

[We will bear your request in mind, and will select a few good prescriptions from the better authorities, and publish same occasionally. At the same time, it should be understood that we do this with the idea of suggesting new ideas in compounding medicin; *not* with the idea you seem to have of furnishing ready-made prescriptions for the rank and file of doctors to use in imitation of the famous men in medicin. The prescriptions of famous men that can be used routinely, with success, are very few.

Every doctor who knows himself deficient in ability to write a good prescription should procure one of the numerous little books on prescription writing, and perfect himself in the art. If the defect lie in a weak grounding in therapeutics itself, he can quite as well perfect himself in this branch by purchasing, and *mastering* one or two of the standard modern works on therapeutics. Then, with a working knowledge of the indications and effects of drugs, and with ability to express his wants and aims scientifically and intelligently on the ordinary prescription pad, there would be no occasion for such a harsh criticism (and we confess you are in great measure justified in making it) of the medical profession.

After absorbing the knowledge along the two lines above indicated, the country doctor who dispenses his own medicin is very prone to soon forget all he has learned, unless he give himself practise. It is a good plan to get a scratch-book and keep it handy on the desk, and in it write every prescription he intends filling, and number it with one of the little rubber consecutiv numbering stamps purchasable in any stationery store for 25 cents. Besides giving him the required training in building up elegant examples of the pharmaceutical art, it gives him a good record which is invaluable for reference. If he number his labels, and it only takes a second, it is easy for him to duplicate any prescription he has ever written by simply referring to his desk-book. Nothing annihilates a patient's confidence in a physician quite so quickly as to find that he cannot "fill" a bottle in exactly the same manner as he had done a half dozen years previously. They are shockt to find that he has "forgotten" their case and the remedy he employed at the time, and are never to be convinced that anything else can be quite as good.—ED.]

Egg Idiosyncrasy, Etc.

EDITOR MEDICAL WORLD:—I have just read your editorial on "Rational Therapeutics," and enjoyed the most of it very much. I have for some years been practising according to the principles you present, having taken complete courses in the various systems of healing that I might intelligently use the best from all.

Permit me to suggest that a more thoro investigation of osteopathy will cause you to see that osteopathy teaches us more than the "value of massage and passiv motion in realms in which we had not thought of trying their application before." Its chief lessons are concerning the significance of *macro*scopical lesions. Many cases have such a lesion as a causal factor acting in conjunction with other etiological influences; e. g., in dilatation of the stomach I frequently find such an abnormal anatomical relation of the tissues in the upper cervical region as to irritate the left pneumogastric nerve, causing the pylorus to contract, and thus hinder the food from passing out of the stomach readily, leading to dilatation of that organ. Best of all, by removing such a lesion, together with other therapeutic measures, I have restored the stomach to its normal condition. Neither osteopathic nor other rational means of healing alone would accomplish the desired object in such a case.

I long to learn what effectiv means we may use of relieving patients afflicted with dyscrasias towards certain foods;

Digitized by Google

e. g., oysters, strawberries, eggs, milk, etc. I am especially interested in a patient who cannot eat any food with the least portion of an egg in it without having terrible distress in the stomach, requiring the use of a stomach pump to relieve her. It seems to me that these dyscrasias ought to be handled by homeopathic remedies. What do you and the family have to say to enlighten me and help to relieve some suffering mortals, especially the one I have just mentioned? She has suffered thus all her life; is somewhat neurasthenic, but otherwise is in rather good health.

El Paso, Texas. H. F. WRIGHT.

[Here is a man who is trying to be an "all-around" doctor. May his tribe increase. What have our homeopathic brethren to say about food idiosyncrasies? —ED.]

New Way to Treat Kidney Disease.

EDITOR MEDICAL WORLD:—By way of actual practise mirth (we see too much of sadness and gloom), and the psychical effects in medicin, permit me to relate the following:

Not long ago I drest a patient's (railroad switchman) infected finger; and as he was about to leave my office he remarkt he thought his kidneys were diseased, because of his suffering from time to time with lumbar pains. Having several patients in waiting, I rather hastened his exit and suggested that he bring in a sample of his urin some time. A few days later he did so and at once left the office, I assuring him that a careful examination would be made of same.

A few days following, he approacht me on the street with a joyous look on his face, saying, in a very happy tone, "Doc, ever since you fixed up my water, I have never felt better in my life; the pains have all left me."

I could scarcely restrain myself from bursting out in laughter, but I did; and I told the fellow I was indeed glad that he was benefited. Urinalysis proved negativ.

Helper, Utah. F. R. SLOPANSKEY.

ESSEX, MASS., Oct. 19, 1909.

DR. TAYLOR; DEAR SIR:—The reason I must give you for the delay in sending you the small sum of $1 is just neglecting to do it. If the price should be raised to $10 I should take it and feel that it is cheap at any price. The last pages are valuable to me, for you say exactly what I would say if I had the ability; and I assure you I fully concur in all you have dealt out to me; and I wish it could be ten times as much. I am a graduate of Harvard, 1864, wear the copper button, birth 1832, healthy and vigorous, and hope to continue up to 100. Good-by. Yours very truly,

W. H. HULL.

Calomel in Various Dosage.

EDITOR MEDICAL WORLD:—On page 448, October WORLD, A. L. McClard asks if it is "possible to take large doses of calomel and not be salivated," and asks for *some light* on calomel.

You, Dr. Taylor, responded with a faultless light, but did not answer the "big dose" part. Yes, you can give large doses and no ptyalism result. Calomel given in a dose of from 3 to 15 grains will cause nausea and emesis, unless the gall bladder be near empty, when it will not. Allow this to remain in your patient too long and ptyalism will result. Where no mechanical obstruction exists in the alimentary tract, you can give an adult 60 grains of calomel at one dose.

The effects are quite different from a 10-grain dose; the dram dose acts as a sedativ, will not be followed by nausea or vomiting; it will within four to eight hours bring down two or three copious dark, tarry stools with little or no tenesmus, the patient experiencing none of the unpleasant effects that follow a 10-grain dose of the drug.

This dose may be repeated once next day without fear of ptyalism. Calomel's physiological action, even on the liver, is still unsettled. Given in 1-20th to 1-6th grain doses is sedativ to the stomach; 3 to 20 grains will nauseate; but 40 grains is sedativ again.

Don't take a scare at such "a wad" of calomel for a single dose; it won't hurt you. Next time you are standing helpless by that little two-year-old cholera infantum patient, having exhausted every means at your command to control the emesis and purging, but still it will not retain a teaspoonful of iced limewater, the characteristic picture pointing plainly to speedy collapse, *then* give him at one dose 20 to 24 grains of calomel in as much sugar of milk. Vomiting will cease instantly, he will sleep a good while, the purging will cease within twelve hours, and you have only to look after *properly* nourishing and stimulating the little fellow.

Autotoxemias, from ptomaine absorption from the digestiv tract, are at once wiped out by the "wad" dose, and the prominent symptoms come quickly under control.

'Tis better to know *all* about a few drugs than a little about *all* the drugs. A man who is thoroly conversant with the physiological action of his drugs when

Digitized by Google

given in various dosage, as to quantity and time of administration, can select ten drugs with their different preparations and successfully treat all his cases that *need* drugs.

J. D. TURNER, M.D.

Lester, W. Va.

Cancrum Oris and Mercury.

EDITOR MEDICAL WORLD:—I pen this so as to bring this subject clearly before the medical profession in its true light. I see on page 1134, October number of the *American Journad of Clinical Medicin*, a case of cancrum oris reported by Dr. E. W. Gossett, Chicot, Ark., where he has the heading, "A Climax in Pathology." We think it a climax rather in therapeutics where the hair of the dog is good for the bite. Now, I want to call the Doctor's attention to the description of the disease called cancrum oris and its cause, which the large majority of doctors have never read or have let it slip their memory. Or they have ignored the statement made by the grand old pathologist, Niemeyer, in his work on Practise of Medicin, Volume I, Chapter 3, pages 422 and 423, where he attributes the disease to the use of calomel. Strange as it might seem, the doctor doped the patient with more of the damnable stuff called a chologogue cathartic, but that is a mistaken idea for it is plainly stated by the above author that it blocks the liver cells. Mercury is the cause and the only cause of the disease. And yet over two-thirds of the doctors will give it when it is well known and recognized as a fact that it often is the cause of the fatal termination of the poor, miserable, unfortunate patient who puts his life in the hands of the doctor, not to be destroyed, but to be healed, made whole again. We can always find a safer and much better remedy than calomel.

Booneville, Ark. W. H. YOUNG.

OAKLAND, CAL., December 6, 1909.

EDITOR MEDICAL WORLD:—Herewith I send P. O. order for $3 for four years in advance. I am well satisfied. This payment will complete thirty years. I have every number to date. Yours fraternally,

J. H. HEATH.

[He means that the *coming* four years will complete thirty years. He is one of our charter members and "has every number to date!" How many others can say that? Such a letter makes me feel justifiably proud—and here's my sincerest compliments—gratitude and appreciation, mixt—to Dr. Heath.—ED.]

Dr. George F. Simpson, of North Adams, Mass., writes: "I do not agree with all that you say, but what of that? So long as you give full measure of medical stuff, I can find no legitimate fault. * * * I am not obliged to read all that you write—in fact I do not. I find a good dollar's worth, tho, so here's to your success for another year—and strength to your bellows!"

Thymol as a Taenicide.

EDITOR MEDICAL WORLD:—On page 27 of January WORLD, I notice the query by Dr. J. H. Thomas, Milvid, Texas, as to whether thymol is a specific for tapeworm, or whether in the case cited it was a mere "happen so" that the worm was expelled while taking the thymol. You request for reports as to action of thymol in such cases.

Thymol is, without a doubt, one of the most reliable of remedies for the removal of these parasites. My knowledge of it was obtained from Webster's "New Eclectic Practice," Vol. II, page 665. After mentioning the more commom taenicides, he makes the following statement with which I unconditionally agree:

I have failed with several of these specifics, however, and now depend upon one which has never failed to prove effectiv.

This is *thymol*. I triturate and divide a dram of this drug into four parts, each of which I introduce into a large-sized gelatin capsule. The day before I administer the taenicide I order the patient to abstain from eating, and administer a cathartic dose of Epsom salts in the evening. On the following mroning, at 8 a. m., I administer another dose of salts, the patient still fasting, and at 12 m., I order two of the thymol capsules taken. If the worm does not appear before 2 p. m., I order the last two capsules of thymol taken; and if by 4 p. m. the parasite is obdurate, I order another cathartic dose of Epsom salts, which, as soon as it operates, is almost absolutely certain to cause its evacuation.

Those of the brethren who try it will be more than pleased with it.

M. F. BETTENCOURT, M.D.
Vice-President Tex. Ecl. Med. Assn.

Gladewater, Texas.

Receipts in Three Colors.

Dr. Henry Shelhorse, of Ross, Texas, commends Dr. Lawson's article on page 537, December WORLD, and makes the following additional suggestions: That there be three classes of receipts in three colors; to prompt-pay patients, give receipt printed on white paper; if the patron is slow, give him a receipt printed on blue paper; if trouble has been necessary to get a settlement, give him a receipt printed on pink paper. When called to a new family, ask to see his last receipt for services. The color tells the story. He further suggests that a condenst fee bill be printed on the bills and statements sent out [perhaps on the back.—ED.]. He suggests that county medical societies act on

Digitized by Google

these business problems, so that the members shall act as a unit in their business relations with the public.

Distilled Water for Rheumatism (?).

EDITOR MEDICAL WORLD:—The cost of ignorance to the world is incomputable. Every fact represents, in a sense, the sacrifice of thousands of lives. We wonder, aghast, that some of the simplest facts required thousands of years to uncover them to us. Many fallacies long believed true might be mentioned. Much is now appearing in health journals relativ to the importance of drinking distilled water. It stands to reason that we should reject impure water, but whether or not ordinary water (undistilled) is the cause of as much trouble as the health journals claim is the question. It is time that we as doctors should be able to speak out "in meetin'" on this subject. To this end I write these lines, hoping that the writers of THE MEDICAL WORLD will take the matter up and help us to see the truth.

If arteriosclerosis, rheumatism, etc., be due to mineral water, and such water exists as extensivly as health journals preach, the matter is not receiving merited attention. The joints of my fingers are now enlarged to some extent, and sore and stiff, and if distilled water will clear up the trouble I will not be long in getting an order to the manufacturer for a still.

It is our duty to live and to preserve our health and to fight life's battles manfully; without health we can't do much.

Allen, Md. J. I. T. L., M.D.

Climate for Rheumatism.—Sterility.—Pessaries.

EDITOR MEDICAL WORLD:—When I read Dr. Borst's article in August WORLD on the rarity of rheumatism in his section, I felt I ought to write and confirm his statement; for while we are distant from each other about 40 miles, our surroundings are almost identical. I had long noted the absence of the disease here, but had not thought to credit it to climate and environments. In sixteen years I have treated but two cases; one of these could only be called rheumatism by courtesy. The year I came here (1893) it rained at least four days of each week from March 15th to June 10th, but mostly showers only lasting an hour or so on an average; and an hour later plows could be started. It was about the same this year. In the other fourteen years I do not believe more rain fell than is usual in central Kentucky, and certainly no more than necessary for good crops. There is almost an equal absence of asthma; and I have had but three cases of tuberculosis.

I wish to say to Dr. Moore, page 530, December WORLD, that I saw a case many years ago like the one he mentions, only much worse. It was called rheumatism by an excellent physician, but I knew it to be caused by the patient's exposing front of her limbs to hot fires, lifting her skirts nearly to her knees and sitting so for hours. This, with faulty elimination, was undoubtedly the cause. I would recommend same treatment as for chilblains, viz., light cotton stocking next skin, woolen ones outside, elimination, massage, and keeping limbs out of direct line of heat.

Now a few questions to the family. First: Is it possible for a pregnant womb to become completely anteverted? Second: Has any member of the family successfully delivered a case of complete retroversion; and if so, at what month, and the method employed, Third: Can a man contract a venereal disease without showing any local symptoms?

Was pleased to hear of the Wisconsin doctor's wife's realization of her desire. Was surprised that no one suggested acidity of vaginal secretion as a cause of sterility. My experience shows it to be second only to flexions, elongation of the neck being a good third. I do not condemn all pessaries as one brother does, for I have had good results from Thomas' Modification of Cutter's, but I prefer tampons (medicated) that can be molded to suit each case. Was called to treat a lady in 1870 who was fast becoming unable to walk or stand. I removed a ring pessary that had been in the cul de sac for over a year. The physician who placed it told her he removed it. It had become deeply embedded. C. E. LEUBA.

Orange Grove, Miss.

PAWTUCKET, R. I., Oct. 19, 1909.

DEAR DR. TAYLOR:—Inclosed please find $6 to pay my just dues in the great fraternity of WORLD readers. This will, I believe, pay my two years' arrears and four years in advance, and give me three WORLD Binders and the awl for punching. I have most of my WORLDS carefully filed away, but believe I can consult them much better if they are bound in a proper manner. Thanks for the *business letter*, and "here's hoping" you will never be obliged, thru my negligence, to send another. Cordially yours, C. C. PURDUM.

Digitized by Google

Central Florida for Tuberculosis.

EDITOR MEDICAL WORLD:—I notice in the November WORLD that Dr. Cherrington, of Logan, Ohio, inquires as to the best place to send tubercular patients in the *early stages*. The climate of central Florida has given me better results in a greater number of patients than any climate in the Union. I have sent some five or six to central Florida since last winter, and all are doing well. Mind you, they must not be so far advanced and weak as to have to be in bed most of the time, but patients strong enuf to take moderate exercise and work a little as their strength will permit. The highest part of the state is around Umatilla, Altoona, Eustis, etc. Remember this note of warning: If your patient improves and finally recovers, he must stay in that climate so long as he does well. Coming back home is always dangerous, according to my observation.

E. H. BYRD, M.D.

East Chattanooga, Tenn.

Typhoid Prevention.—Permanganate of Potash.—Gasoline for Chiggers and Screw-worms.

EDITOR MEDICAL WORLD:—In this cement age, typhoid should be prevented. In Dennis, Kan., where I practised twelve years, 95 per cent. of all cases were in families supplied by cisterns. My well was 25 ft. deep, walled 8 ft. to the rock, rock cap and screened ventilator; water always covered with a heavy coat of fine roots from a nearby cottonwood coming in under the wall. Three or four families used water from it in preference to other wells that had no roots. I ask what benefit or detriment are the roots? No fevers ever came therefrom.

In this place, less than half a mile from the river, we have no fever since we get our water by driving a sand point 30 or 40 feet. Typhoid will be prevented when we quit drinking water indiscriminately.

My experience with permanganate of potash in snake bites, insect bites, puerperal fever, etc., has been very satisfactory. I believe the most poisonous snake bite is harmless where the potash can be immediately applied. The only trouble is in *immediate* application. Some one has said, "I believe with permanganate irrigation a placenta could be allowed to rot away with but little harm, which otherwise would be fatal." Also, notwithstanding to the contrary, a man who has absorbed snake virus will not become intoxicated on whiskey.

By the way, gasoline is a specific for chiggers and screw-worms.

Hancock, Ia. J. F. STEVENS, M.D.

Specifics for Conditions.—Cabbage Snake.—Uncinariasis.—Tape Worms.

EDITOR MEDICAL WORLD:—While I am a regular, I read a great deal and I do not find much difference between a regular and an eclectic doctor, the term "specific medication" being often misunderstood by the regulars. We claim that there are very few specifics for diseases, like quinin for malaria and mercury for syphilis. Neither do the eclectics claim specifics for diseases—only for certain *conditions* do they claim specific action of a certain drug; and as most of our medication is symptomatic anyway, I think their research concerning drugs is a good work.

In regard to the "cabbage snake," page 529, December WORLD, I have a specimen of this so-called snake in alcohol. It was found in a northern cabbage by a lady and brought to me alive. It is about 18 inches long, pearly white, and only as thick as a good-sized thread (about 1 millimeter). It squirmed and twisted into a ball, and that was about all that I could tell why it should be called a snake. I think it belongs to the nematodes. It has no vertebral column, no macroscopical head, no fangs, and is not covered with a scaly skin.

I live in the wire grass belt of Georgia; warm, sandy soil—an ideal home for ground itch and hookworms. I have treated within a few years 843 cases of uncinariasis. I have had 4 deaths. I use thymol and betanaphtol in large doses after thoroly cleaning out the intestins. The four fatal cases were so anemic that I could not even compare the blood with my Tallquist hemoglobin chart, and it shows as low as 10 per cent.

Of teniae, I find the rat tapeworm most frequently. I think the parties get infected thru the excrementa of rats in cornmeal. I use ℥ij doses of male fern for all teniae, and if I do not get head first time, I repeat in three weeks, and have never failed so far. F. W. SCHNAUSS.

Cecil, Ga.

Dr. D. M. Angus, of Prosser, Wash., writes: "Your Monthly Talks are the first thing I read on receipt of the best medical publication on earth, THE MEDICAL WORLD."

"Cabbage Snake."

[Dr. Annetta Kratz, of Danboro, Pa., kindly furnishes the following information regarding the "cabbage snake" query on page 529, December WORLD.—ED.]

The "cabbage snake" is a hair worm of the genus Gordius. It is commonly, but wrongly, supposed to be a horse-hair snake, or turned into a snake from a hair. This worm is a parasite in other insects a portion of its life. Then it becomes free and lives in pools of water, where it lays eggs which hatch in the water, and find their way into insect hosts, where they undergo their development, and from which they crawl thru holes in the bodies of the insects they inhabit. The "cabbage snake" (thread worm) belongs to this group of worms. It is entirely harmless, and is in no way related to snakes or serpents.—*Quoted from H. A. Surface, State Zoologist of Pennsylvania.*

Aid for Stammerers.

EDITOR MEDICAL WORLD:—W. H. Clarkson, of Blair, Okla., asks for aid for his son who stammers, in January WORLD, page 32. If I am given space I will give the treatment so that others who are in need of such assistance may profit also. When a question is askt, all readers of THE WORLD who need help along the same line are equally interested in the answer.

In the first place, stammering is due to a lack of lip motion; and the words that begin with a letter that calls into play the lip will be the words most to bother the stammerer. The words that begin with vowels can be better managed. In other words, the trouble is in getting a start, just as the engineer experiences with his train. After the stammerer is started he goes well till he wants to start again. Tell him to close his mouth and bring his lips together and place his tongue against the roof of his mouth and commence by opening his lips and begin with a little prefix (ur), as ur-Memphis; ur-bad boy; ur-Deuteronomy; ur-Leviticus. Tell him to do this to get a start, and it will work. The words beginning with vowels do not require lip motion, and are easier to manage. Tell him to always close his mouth so as to get the lips to start well, and when he has learned to use his lips well he will be rid of the annoying and humiliating condition.

Lexington, Miss. F. L. BOTT, M.D.

New Way to Enucleate Wens.

EDITOR MEDICAL WORLD:—On page 528, December WORLD, Illinois asks about the removal of wens. I use the method you give, or did until last summer, when a doctor friend gave me this:

Clean the surface over the wen, but do not shave it. Separate the hair over surface of wen and make a small incision into the wen, thus letting out the fluid. Then with a mouse-tooth forceps, reach thru the incision, grasp the lower side of wen, and remove by inverting thru the incision first made. The pulling off of the small arterial twigs allows very little bleeding. A slight amount of pressure for a few minutes and the trick is done. He claims that no bandage even is necessary. I've never seen it done, but intend to try it my first chance. A. G. O., M.D.; N. Y.

Carbuncle.

EDITOR MEDICAL WORLD:—I inclose a photograph of a man with a carbuncle. Probably you have seen some like it, but I never have; and I presume many of THE

WORLD readers have not. Glory to God, the republican party, and Schmid's Ichthyol Compound ointment, the man is convalescent and able to be out of doors.

Elsie, Mich. GEO. H. BEAL.

Digitized by Google

Pneumonia.

EDITOR MEDICAL WORLD:—If I see a patient who has recently had a severe chill, with sudden rise of temperature, rapid respiration so as to disturb the normal pulse-respiration ratio, cough with pain in side, about nipple, prostration, and find on physical examination obstructed breathing on one lobe of a lung, crepitant râles, etc., I feel safe in making a diagnosis of lobar pneumonia, and expressing to the patient the opinion that resolution will occur about the fifth to seventh day.

For the sake of those suffering from lobar pneumonia, may we ask Dr. J. H. Fritz, page 515, December WORLD, and other physicians who are confidently sure that they can abort pneumonia in from 24 to 48 hours, what would be their line of treatment on which they could tell the patient that the attack would be aborted, and in from one to three days *after the chill* they will be convalescent, without going thru three stages of lobar pneumonia, as commonly known?

In expressing time, please state whether counting from chill or the time when treatment was begun. H. M. ARTHUR.

Hazleton, Ind.

DEAR EDITOR:—I am delighted to answer Dr. Arthur, of Indiana, and will do so by reporting a very recent case. Four days ago I was called to see an Italian child 26 months of age. Found a temperature of 102° with cough and râles of lungs, but could find no distinct dullness. There was considerable prostration, and the child lookt very sick. Bowels had been thoroly opened with citrated magnesia. In a glass I put three granules of aconitin amorphous 1-134th grain, 5 granules of emetin 1-67th grain, 5 granules of digitalin 1-67th grain, ½ grain codein sulf., and 24 teaspoonfuls of water (sweetened) and directed 1 teaspoonful every two hours. In four or five hours I was again hastily called, and found that the child had been sleeping and woke up with a light convulsion. I administered a few grains of bromids and in two hours had the dose repeated. First mixture was continued as first directed. Next day found the child with higher temperature (103.5°), and distinct dullness over one lobe of right lung. I continued mixture No. 1, but directed it to be given every hour. Next day temperature was normal, child sitting in father's arms, looking bright and cheerful. There was still distinct dullness over the lung. I dropt out the aconitin, gave the emetin, digitalin and codein every two hours and dismist the case.

Now I don't always get results as above; did not expect them in this case, as I had told the father on second day that I thought the child would be sick for some time. The reason we don't get such results more often is because we must use a great deal of guesswork in our dosage and frequency in giving the dose when we are dealing with the laity. My ideal method in giving the above mixture would be one teaspoonful every half hour until effect, and then less frequently. How did I arrive at the dosage? I used Shaller's Guide in giving one granule for each year of the child's age and one extra granule. I applied the rule exactly with aconitin, but increased the dosage on digitalin and emetin because I find we are not giving digitalin in large enuf dosage to be effectiv. The most important drug in above mixture was the digitalin; aconitin, second; emetin, third; codein was given for its own particular indication in this case, and is very often not necessary. If prostration indicates it, I give strychnin with the above. Nuclein is another drug that should not be forgotten in severe cases.

I think if Dr. Arthur will use above treatment in his lobar pneumonia cases, he will very often get results similar to my own and hundreds of other physicians all over the country. J. H. FRETZ.

Lambertville, N. J.

Diphtheritic Antitoxin "Bad" When Diphtheria Is Not Present.

EDITOR MEDICAL WORLD:—You ask for my authority for the statement that diphtheritic antitoxin, given when the disease is not present, is bad. It is the Georgia State Board of Health, Dr. Edgar Paulin being the doctor from whom I got my authority direct. J. E. KNIGHT.

Waycross, Ga.

GARY, IND., Oct. 29, 1909.

EDITOR MEDICAL WORLD:—Inclosed find a dollar for THE WORLD for another year. Your circular letter said no letter need be written; but I want you to know how much I appreciate your Monthly Talks. If no mention is made by your subscribers of what they like and what they don't like, we might not get so good a paper. The medical part of THE WORLD is well worth a dollar a year, and the Monthly Talks are worth more than a dollar; and I never could resist so great a bargain. Let us have some more on religion. I think your talks on this subject the most rational and sensible I ever read. May your courage to speak the truth about politics, economics, medicin, or religion never grow less. Yours very truly, E. E. EVANS, M.D.

Digitized by Google

Non-Surgical Treatment of Varicocele.*

BY W. E. MCKINLEY, M.D.
Late Ass't Physician, State Hospital No. 2, St. Joseph, Mo.

The term varicocele is very indefinit in its meaning as it literally implies a varicosed condition in any part of the body. The more common usage of the term has restricted its meaning to the scrotal region.

Frequency: There is a great diversity of opinion as to the frequency of this disease; statistics vary and cannot be relied upon.

M. Hourteloup found it 44 times out of 1,600 individuals. Keyes estimates about 10 per cent. of adult males are afflicted with varicocele. Laudouzy has found it in 60 per cent., as did Recluse, while Henry only found it 44 times out of 2,000 men examined for New York Police force. In the army medical reports of Great Britain 5,312 were rejected on account of varicocele out of 331,568 men examined. Lydston was only able to find 5 per cent. out of all who came under his examination but says, "It is one of the most frequent surgical diseases of the male generativ apparatus."

The age of greatest frequency is between 15 and 35 years. At this period of life all the faculties of the body are at their maximum and physical growth is most activ. It may also be said that at this age young men are most apt to overtax their strength in athletics, such as running, jumping and wrestling, and, as some have suggested, at a period when their sexual desire is at its maximum.

Many patients only discover their disease by accident and consult a physician thru fear of having some dangerous malady. They possibly may have read quack literature in which everything is dubbed "Lost Manhood," and he imagins if something is not done at once for him his doom is sealed.

In many of these cases there is only slight enlargement of the spermatic veins and practically of no pathological importance excepting the psychic effect it may produce. Such patients are of a hypochondriacal turn of mind with mental depression. Vidal tells us that "not infrequently suicidal impulses are occasionally observed in subjects of this disease." I have, in my own experience, met with several such cases which either became insane or later committed suicide while in a state of mental aberration.

Etiology: Lydston has assigned five reasons why varicocele is almost universally found on the left side:

First.—Relativ position of left testis.

Second.—Relativ acuteness of the angle formed by the junction of the left spermatic with the renal vein.

Third.—Close proximity of the left spermatic vein to the sigmoid flexure, and consequent pressure in constipation.

Fourth.—Absence of a valve in the left spermatic vein at its junction with the renal vein.

Fifth.—Tendency of men to stand on the left foot.

The true cause of varicocele is yet unknown, but it is my opinion that it seldom originates from a single cause.

Heredity has been assigned as a cause by Wyeth. I do not believe that in the consideration of hereditary tendencies it should be given any thought further than an inherent lack of muscular and vascular tone, and this is true of varix in any part of the body.

Individuals of lax sedentary habits, those who are compelled to be on their feet all day long, are prone to be afflicted with varicocele. Organic diseases of heart and liver, with portal obstruction, may produce it. Constipation and long continued sexual excitement with masturbation I think are the greatest exciting causes.

Treatment: May be divided into surgical and non-surgical. In the non-surgical treatment the physician should select such agents as will impart tone to and stimulate contractility in the dartos and cremaster muscles; such agents will contribute much toward relief from this disease.

For the past 4 or 5 years I have been using galvanic electrolysis with very gratifying success. I treat my patients two to three times per week. The treatment given lasts about a half hour, using a current from 15 to 20 Leclauche cells. A Neiswanger unipolar divided current electrode is my preference. The terminals of electrode should be covered with wet cotton and placed one on either side of the enlarged mass of blood vessels, and then the thumbscrew tightened so as to hold the vessels firmly within the grasp of the electrode; then it should be connected with the *positiv* pole while the *negativ* pole is attached to an independent electrode and applied to back. After the termination of the seance I strap the testicle of

*Read before the Third District Society of Missouri.

Digitized by Google

the affected side with adhesiv strips after the fashion of a case of epididymitis. The straps should be one-half inch wide and applied vertically as follows: The first strip must be placed between the sound and the affected testes, and lifted upward by two ends until the gland with its diseased plexus of veins is well separated from the other. The ends are then made fast at the highest possible point, overlapping one another in such a manner that the gland is constricted, forming a mass independent from the other testis. The first step is important, as much depends upon the first step with proper traction applied. As soon as this has been done the other strips are made fast vertically, overlapping each other so as to exert compression upon the whole gland and its enlarged mass of blood vessels while preventing the first strip from causing stasis and congestion.

Under this form of treatment my patients have all improved and some have so far improved as to be scarcely noticeable and give no annoyance tho four and five years have elapst since their last treatment. To those who have never tried this plan of treatment, I would suggest that you try it on your next case of varicocele and report your results.

The Pessary.—Exophthalmic Goiter.—Angina Pectoris.—The Kelly Pad.

EDITOR MEDICAL WORLD:—In your November issue, Dr. Thos. B. Fowler takes issue with Dr. J. B. Brownson in the July number for condemning the use of the vaginal pessary, except, possibly, the glass ball. More than 28 years' constant experience in the use of vaginal pessaries and in gynecologic operativ work gives me the right to an opinion. This I desire to register as decidedly in favor of Dr. Fowler's stand for the pessary. It is most serviceable in by far the most common of all uterin dislocations—retrodisplacements. An acute retroversion is very often absolutely curable by a promptly introduced and properly fitted pessary, the Albert Smith preferred. They are, however, almost invariably too curved as they come from the maker, but this is readily changed by heating over a flame or by immersion in hot water. The instrument may be set in its new shape by holding for a moment under cold water. Old displacements are readily relieved by the pessary, and occasionally cured.

Ventro-suspension is only mentionable to be condemned, for no one can tell what it will cost the patient. Shortening of the round ligaments is a much better procedure, and this is best done by doubling them upon themselves, but they are not easily identified by the novice.

Malpositions of the uterus should not be corrected unless they give trouble. I have seen some of the most pronounced displacements without symptoms, local or general, and I have known meddlesome interference in such instances cause severe discomfort.

The flexible soft rubber ring pessary is a capital means of relief in suitable cases. For instance, one of moderate prolapse or retroversion in a woman with an enlarged or relaxed introitus. She can place and remove it at will, taking it out at bedtime and replacing it in the morning if she desires. True, they become shriveled or may get foul, but frequent removal and cleaning defers this, and one or two new ones may be kept on hand for use as needed. It is a most serviceable instrument in sparsely settled districts when it is desirable that a woman should in a measure be self-reliant.

Fitting a pessary is an art that some well-known gynecologists have never mastered, which explains their failures and opposition.

Exophthalmic Goiter. Dr. R. L. Montgomery, of Belmont, Miss., in the September issue, page 399, appears to have the usual trouble with a case of exophthalmic goiter. I have sent to him a reprint of an article by me relating a markt case of this kind treated successfully with the bromid of potassium and salicylate of sodium. This I will be glad to send to any one who wishes it.

I am very much afraid that "C. S., M.D., Tenn.," page 479, MEDICAL WORLD, has angina pectoris, either true or false. If it is the latter, it is most likely of gastric origin, and due to imprisoned gas in the dome of the stomach (cardiac end.)

Your leading editorail, "Rational Therapeutics," in the December number, is absolutely correct, and should be read by all physicians and its precepts continuously put into activ practise. "Keep the ball rolling."

The Kelly pad is having quite a vogue in THE MEDICAL WORLD family now for obstetric work, and I break in on this placid situation to say that I discarded

Digitized by Google

its use years ago in this line of practise. The patient's buttocks are lower than the edge of the bed, thus allowing the discharge to accumulate about them in the use of the pad. It is cumbersome to carry about. It is not always at hand. Sometimes the valve is not air-tight. My practise for some years has been to stitch together some newspapers covered with some old muslin covering. One of these serves for a short labor, and others can be used successivly in cleaning up, and for the first couple of days, if there is much afterflow. They are cheap, easily made, perfectly efficient, and may be made by any patient long before they are needed. In case of emergency, with nothing ready, the paper and muslin can be used without stitching. Try it, you who have no rubber pads. This is what I use in preference to anything else. When a pad is taken away it is burned. They are more comfortable to the patient than the rubber pad.

A. H. P. LEUF, M.D.
2034 Arch St., Philadelphia.

Treatment of Diphtheria.

EDITOR MEDICAL WORLD:—To state simply that the early administration of antitoxin in sufficiently large doses is now acknowledged beyond any doubt to be the only treatment of diphtheria worthy of consideration is wrong and misleading. If it were stated that early administration of antitoxin is an important aid in the treatment of diphtheria, it would be true. There isn't a single case which a physician is called upon to treat that does not require a great deal more than the administration of antitoxin. I do not deny its value in diphtheria, but I do not give all the credit of a cure of a case to antitoxin alone. Besides, it is admitted that the benefit of antitoxin decreases with the delay in its administration. Also many cases have been cured without antitoxin, and cases have been known to die in which antitoxin was repeatedly administered.

In the first place, we order the patient to assume the recumbent position in bed. This part of the treatment is the best natural tonic that we can administer to the sick body. The heart is slowed and strengthened. It needs no longer to pump the blood against gravity. Every part of the body functionates easier and better. The brain receives more blood, and there is a lesser tendency to coma.

The next step we take is to administer antitoxin. Antitoxin is of benefit because administered hypodermatically. It produces the same effect upon the tissues and blood of the body that hypodermoclysis of any other solution produces. It stimulates activity in all the histologic structures of the body, and also nourishes the body. It stimulates the secretions of the mucous membranes at the site of the diphtheritic patch, which pour out in defense of the body to overwhelm the poisonous products of the diphtheria bacilli. And there the benefit of the antotixin stops.

But that, we all know, is not sufficient. There is need of a continual removal of the detritus of dead bacteria and mixt secretions. For this we employ various methods according to the age of the patient. With a patient old enough to understand how to gargle, this is a simple matter. We employ as gargles any of the following solutions: water; a mild boric acid solution; a mild sodium bicarbonate solution; a mild salt solution, or mild lime water. Similar mild solutions may be used with equal benefit. The object aimed at is mechanical removal of the poisonous products accumulating in the throat, and disinfection afterward in the receptacle, and not disinfection of them in the throat for that is only possible with strong drugs which are destructiv to the tissues as well as the bacteria, and open up new avenues for invasion by the germs, with a lessened power of resistance of the tissues. The solutions employed should be neutral or alkalin, because the secretions of the throat are alkalin. This keeps the throat bathed in an alkalin medium, which is natural, and hence better able to resist germs. The solutions should be palatable. The patient will like them and be more apt to follow instructions faithfully, which is so important. The frequency of these gargles should be at least every two hours at first; later, as the patient improves, less often; but always after eating, to leave a clean throat, free from any particles of food.

With a younger child not able to gargle, but able to spit or swallow, we may employ above mentioned solutions, in the form of spray from an atomizer.

The most difficult cases to handle are those which can neither spit nor swallow.

Digitized by Google

In them the poisonous products accumulate and remain in the throat. One way to get these products out of the child's throat is with a cotton swab dipt in one of the above solutions. Another way is to give the child frequent drinks of water to encourage their passage per rectum. Still a third method, which has proven beneficial, is to administer an emetic, such as the syrup or wine of ipecac, two to three times daily if necessary.

The absorption of the poison swells the tonsil, and causes it to bulge at the side of the neck. For this condition, deep massage should be practised at least four times daily at first. Any ointment will do; it is the rubbing and manipulation that do the good by arousing greater activity in the swollen tonsil and surrounding tissues. A bandage of wool, flannel or wadding should be worn about the neck to add warmth to the tissues fighting the invasion of the germs into the system.

The diet should be liquid; milk preferred, otherwise cereal soups. An important point, but as yet unsettled, is the frequency of feeding the sick. In the normal state it is sufficient to eat three times daily. Surely in the sick state, with powers of life at a low ebb, it can hardly be expected of a patient to eat more frequently. In the beginning of illness it is a decided advantage to withhold food for perhaps twenty-four hours. Thus the burden of digestion is lifted temporarily, and the patient's powers are strengthened to fight the poison in another direction. To feed patients three times daily should be the rule; but not to insist upon their eating against their will even then. When their body needs food they will feel hungry, and they will ask for it. Between meals, water may be given freely if desired. Water serves many useful purposes. It allays thirst, dilutes the toxins in the system, and is the basis of secretions.

Mild cathartics, such as calomel in from $\frac{1}{8}$ to $\frac{1}{4}$ grain doses, followed by citrate of magnesia solution, should be given at the outset of the case, and repeated in the course of the disease whenever necessary. Other drugs of real advantage are the bitters, of which gentian is an example. They stimulate the mucous membranes they come in contact with to secrete, thereby bringing into the field of battle the natural fighting forces—the only forces able to cope with any poison that attacks the human being.

Depressants of all kinds, with one exception, that of morphin, must be withheld. Morphin does good by making the mind insensitiv to pain and taking the mind off the illness, thus relieving the tension on the whole body, and benefiting the patient.

The use of astringents to the throat is detrimental to the patient. The extensiv use which tr. ferri chloridi enjoys in throat affections is not warranted. It is astringent to the mucous membrane. When it comes in contact with it, it constricts and closes the minute crypts, interferes with the natural secretions, and becomes an aid thereby to the growth of the germs. The membrane, devoid of fluids, becomes tough and thick and tenacious, and a protection for the germs beneath it against any gargle or spray that may be used in an attempt to wash it away. The temptation to pick such a membrane is very insistent, but dangerous. Yet we know that the germs are multiplying beneath this membrane, and spreading and swelling the tonsil. These are the cases that tend to malignancy and serious sequellæ.

In following the treatment outlined above, I seldom have to resort to medicins directed toward various organs.

While writing the above, I had in mind pharyngeal diphtheria. In laryngeal diphtheria, intubation and sometimes tracheotomy, are frequently of greatest importance as life savers. It is good practise, when treating the throat, to spray both nostrils also. They are very frequently involved.

There is one subject I almost forgot to speak of. That is fresh air. Fresh air, in my mind, is one of the most important aids in our treatment of disease. I make it a point to explain ventilation just as carefully as giving directions for the taking of medicin. I believe disease is cut short and kept mild and free from complications by the inhalation of fresh air. It is the greatest enemy of disease germs. In diphtheria, whether in the nose, pharynx or larynx, the fresh air just devours the germs in its passage to oxygenize the blood in the lungs. The value of this latter property of fresh air cannot be overestimated. It invigorates the fighting forces and adds new recruits to the battle.

Thus we see how much more we must do in the treatment of diphtheria besides

Digitized by Google

an early administration of sufficiently large doses of antitoxin.

I have only considered the treatment of diphtheria from the standpoint of the physician of the "regular" school. But we must not be blind to the methods of eclectics, homeopaths, osteopaths, etc., etc. They, too, often cure diphtheria, and some of them without antitoxin.

The first editorial in the December WORLD should be taken to heart by every reader.

LOUIS WEISS, M.D.

Newark, N. J.

Spinal Treatment for Reflex Pains.

We have received another letter from Dr. Kline on osteopathy, and we have received other letters criticizing him, and some protesting against granting him any more space. We will substitute for all these letters, the simple narration of a recent case:

Last September a certain medical man had "bowel trouble;" but as this was not an unusual thing with him, particularly in warm weather, he thought but little of it, took some bismuth, guarded his diet, particularly the ingestion of liquids, and became better. But he got worse again, and noticed that pain was a more prominent symptom than usual. He got better again, but not entirely well, then worse, a few days showing decided dysenteric symptoms (tinged mucus and tenesmus), which yielded to vigorous treatment, but when he got around again, *pain* persisted. It was then that he consulted a medical friend and neighbor, who is a very excellent and conscientious practician. The bowels were then under complete control, but the *pain* persisted. The medical man (whom we will hereafter call the patient) put himself completely under the direction and care of his friend, whom we will call the attendant. Knowing how difficult it is for a medical man to be a good patient, this patient resolved to "be good," and do nothing further upon his own responsibility.

To narrate the details from day to day or even from week to week would be tedious. Suffice it to say that the attendant did all that was customary in such cases, his deep interest and conscientious nature leading him to do everything that he thought would be for the best. The pain was almost constant, except while quiet and preferably in the horizontal position; and after some days of comparativ inactivity the patient could get about with reasonable comfort, but activity soon brought back the pain, which "tamed him" again. Once, returning from a moderate trip bent with pain, he was glad to seek his bed, and his doctor confined him to bed for a week. At this time there were only the slightest indications of inflammation, the rise in temperature and pulse being practically negligible, being in a day or so completely normal; and at the end of the week in bed, with careful diet and attention, the appetite increasing, and with a pretty good diet allowed, he got up about the house, and the following week, tho confined to the house, did much pressing intellectual work. In fact, while in bed he read correspondence, dictated letters, transacted business, etc., at his bedside, his mind being as strong and activ as ever.

After a week's confinement to the house, following the week in bed, he hoped to gradually resume his "pace" again; but those abdominal (abominable, Mrs. Partington would say) pains, which left while he was in bed, returned, even tho the diet had been carefully selected. It was then that he askt his attendant to do something radical. Symptoms of appendicitis had been carefully watcht for, but not found. The patient wisht that something definit would develop, like appendicitis, for which something definit and promising could be done. The "radical" thing agreed upon by the patient and attendant was restriction to a liquid diet—chiefly milk and raw eggs.

This did very well, but meantime the patient was confined to the house; and whether the apparent favorable progress was due most to the liquid diet or the confinement to the house, with late rising and considerable reclining in the horizontal position, was not then apparent. After two weeks of the liquid diet, the attendant askt, and the wife of the patient insisted on, consultation. The most scientific and painstaking specialist on internal medicin in this deservedly renowned medical centre was chosen, and he gave the case exceptionally kind and careful attention. After an external examination, the stomach was lavaged and contents analyzed after a test meal, the colon was irrigated and contents analyzed, the blood was examined, the urin was carefully measured and analyzed, etc., etc. To the surprise and gratification of all, the reports from the laboratory were exceedingly

Digitized by Google

good, practically no morbific condition showing.

Judging from the location of the pain, the patient thought from the first that the trouble was in the lower portion of the small intestin, excepting the dysenteric spell. But the attendant considered the trouble colonic. The attendant and consultant agreed on a diagnosis of subacute colitis, with recurrent exacerbations—tho the stools showed practically no mucus.

The patient was instructed to gradually resume solid food, which he did and began to go out again. But the pains soon restrained him again, and back he went to bed again, this time for nearly two weeks, during which time he successfully resumed solid food. His colon was periodically irrigated, and everything possible was done for the patient's betterment.

The weeks had dragged one after another, Thanksgiving day had come and gone (no turkey), and Christmas was about due, and the patient still had his "belly ache" as he called it, particularly if he was much on his feet. During the autumn he had a call from a dear friend (non-medical) who lives in Washington, and who is a complete convert to osteopathy. He said, "Your abdominal pains probably come from your back. An osteopath could fix that all right, and your pains would all go away." The patient received this advice about as any other "regular" would. He knew that he was in good hands, and receiving scientific treatment.

After the nearly two weeks in bed, he was advised to go to the seashore to recruit; and a program of baths, rest, chair rides, etc., similar to that suitable to nerve impoverishment cases was made out for him—an incorrect diagnosis, but no other was in sight. But he did not wish to leave home till after Christmas, then only a few days off; and he frankly told his attendant that he had determined to have someone to see his back before he went—someone who was accustomed to treating backs. It could do no harm, and if there was any good in it, he wanted it, for nearly four months of "belly ache," unless he was in bed, had made him almost desperate. He had noticed "a feeling" in his back, but he attributed it to being in the horizontal position so much; altho he had noticed that the horizontal position relieved his abdominal pain. He was desperate enuf to even go to an osteopath if that were necessary, but happily the patient first chose a Swedish manual treatment man (more than a masseur) of excellent reputation and laid his case before him, giving him the history of the case, the names and views of the physicians, etc.

The operator first inquired if Dr. ——— (the attendant) was aware of the patient's coming there for possible treatment. On being assured that he was, he promist to do what he could for the case. I mention this to show how considerate, professional and ethical, this operator was. He also said, "I cannot promise you anything; I am not a quack, you know. But I will be glad to do all I can for you." He then examined the back, found tenderness in the upper part of the lumbar portion, on the right side of the spine, which he said was much more frequent than on the left side, and promptly made a diagnosis of splanchnic nerve irritation with reflex pain; and he thought he could benefit the patient, but still made no promises. He gave a treatment, and set an hour for another on the following day.

Splanchnic nerve irritation was "a new one" to the patient. The operator pointed out the nerve and its connections on an anatomical chart, and said that Dr. Albert Abrams, of San Francisco, had written articles on the subject. The patient felt that even the first treatment did him good; particularly were the pains diminisht the next day. The second treatment did still more good, after which the patient practically resumed his daily routine of work, except going out at night, but he reported each day for treatment. He could not then be coaxt nor driven off to the seashore, for he was getting more good from the treatment than the seashore could possibly give him. About ten treatments made "Richard himself again," to the delight of the patient and the attending physician, to whom the patient faithfully reported, and medicins were gradually discontinued.

And now, patient readers, perhaps it is time for me to confess that the patient was "ye Editor." About this time I noticed the announcement of a book entitled "Spondylotherapy: Physical Methods to the Spinal Region in the Treatment of Disease," by Albert Abrams, A.M., M.D., San Francisco., Cal., publisht by The Philopolis Press, 406 Lincoln Bldg., San Francisco, price,. $3.50. Announced as "A new book on a new subject." I had

Digitized by Google

long been anxious for light on spinal treatment, for which several kinds of irregulars make such extravagant claims, and I wanted that light to come from the regular profession. Here in this book it seemed to be offered. I sent immediately for it, and because it had to come entirely across the continent, it has just arrived, and I have been able to read but little more than the preface; but I will absorb it greedily as opportunity will permit, and give a review next month.

I can imagin some of our very exclusiv (yes, and bigoted) "regular" brethren saying, "Here is some more of Taylor's heterodoxy. His belly ache was mostly in his mind," etc., etc. Well, when you have belly ache for nearly four months, you will be glad to have some one to relieve you of it, whether it is in your mind or not. It happened that the most important scientific meetings of the year occurred during these four months, and I had to miss them all—which I wouldn't have done except for a very *real* reason. As to heterodoxy, no. I am so good an orthodox in medicin that I want the regular profession to know and master all that is good in the healing art. It makes me feel "cheap" to learn of osteopaths and other irregulars doing what regularly educated physicians cannot do. The only way to make our orthodoxy what it should be is to reach out in every direction and assimilate and master all that is good. I, as a medical journalist, have been promoting such a program to the best of my ability all these years, and I propose to continue.

Let me here give you the preface to Dr. Abrams' book this month, and in succeeding months this may become a live subject.

PREFACE.

The subject of spinal therapeutics has received less attention from the medical profession than it deserves. Even the laity know that cold applied to the back of the neck may arrest hemorrhage from the nose, and that heat applied to the small of the back may hasten menstruation. The profound and far-reaching physiologic truths which underlie these simple phenomena have either been ignored or only given inconsiderate attention.

Others, less scientific but more astute, have determined empirically that manipulation of the spine does sometimes cure conditions that have failed of cure in the hands of experienced physicians. So it has come to pass that schools of practise exploiting spinal manipulation as a cure-all have arisen. Neither the fury of tongue nor the truculence of pen can gainsay the confidence which these systems of practise have inspired in the community.

The author was led to a deeper study of spinal therapeutics in investigating various visceral reflexes which bear his name. As the years passed on, he ascertained that a number of pathologic conditions could be more easily and certainly controlled by spondylotherapeutic means, than by the conventional measures.

Some physicians may consider the remedial methods discust in this book to be unduly and unworthily simple, on the principle that what is obvious can hardly compete with what is obscure in the treatment of disease. The most mystifying phenomena rest upon the least complex causes; and the simpler a thing is, the harder it is to understand.

Anybody, however, who investigates the study of spinal therapeutics in earnest, will discover that the simplicity is only apparent. The successful practise of spondylotherapy requires knowledge, observation and experience of the highest kind, and is comparable to the best effort in any other department of scientific medicin. Indeed, one of the author's truest motivs has been to lift this whole subject of spinal therapy out of the low state in which it blunders onward, hitting or missing as the case may be, and rescuing it from the lowly esteem which physicians as a class have thus felt for it. He has endeavored to put it in a place befitting its scientific importance, and to emphasize its great practical helpfulness in disease.

Any method of cure that is more or less new is inclined to be viewed critically by the formalist and traditionalist, and so it should be. The writer knows better than any one else can the incompleteness and imperfections of his work. It is really a pioneer effort and he only asks that it be judged as such. Indeed, the author hopes to receive many suggestions and if need be, corrections, and to profit by them.

One word concerning the cases cited in illustration of the methods which the author has described in various parts of the book. These may seem more or less incredible, the outcome of enthusiasm, bias, of some defect of the power of scientific observation, or of judgment. Yet the cases cited are not the most remarkable that the author has encountered in his practise. Some of these cases have been deliberately suppressed with a feeling that many readers are hardly prepared to appreciate or to credit the results which may be achieved by an earnest study and practise of spondylotherapy. To eschew a remedy because we cannot gauge its material properties may be an act worthy of the scientist, but the aim of the physician is to cure disease. In the presence of a sick man, two questions are to be answered: "What is the matter with him, and what will do him good?" Neither the pragmatical doctrinaire who accepts nothing but what is demonstrated morphologically, nor the representativ of an exclusiv system of practise, with his introspectiv reasoning, can aid therapeutics. The former forgets that the crucial test for the action of remedial measures is in their clinical application and that many of our most potent drugs have been inherited from the therapeutic acumen of our medical ancestors. "The diseases of which we know the least pathology are the diseases which we treat successfully." Cure, as conceived by the introspectionist, cannot merit the imprimatur of the scientist, and for this

Digitized by Google

reason the author has endeavored to justify his conclusions by demonstrable evidence.

246 Powell St., ALBERT ABRAMS.
San Francisco, Cal.
January, 1910.

The December WORLD.

EDITOR MEDICAL WORLD:—There is good stuff and food for thought on every page of this number of The Doctor's Magazine; but what most interests me is Dr. Anderson's story of the arsenite of copper in typhoid fever. The editorial comment scarcely gives Dr. Anderson sufficient credit. Copper arsenite was introduced as a remedy for typhoid fever by Dr. John Aulde, but he lookt upon this drug solely as an intestinal antiseptic, and he did not push it to saturation as Anderson does. Both are of the utmost importance. If arsenite of copper can penetrate the blood and tissues and kill the bacilli there without injury to the patient, it ought to be completely proved and universally known. Even if he is mistaken as to this, and the drug acts solely as an antiseptic, his method is of importance. There is now in a New York institution a woman who has done no crime and yet is forcibly restrained of her liberty. She is not sick either, but is held against her will. She is a typhoid carrier, and has spread this infection wherever she workt for many years, and the authorities are afraid to let her loose on the community. Here is a case for arsenite of copper. This and the other intestinal antiseptics—salol, the naphthols, the sulfo-carbolates, acetozone, resorcin, creosote, chlorin, bromin, iodin and its compounds like europhen and iodoform, etc.: what better opportunity could be askt to settle the claims of these agents? Will THE WORLD bring the matter before the New York Health officials? Some may say that Dr. Anderson's patients who recovered in two instead of three weeks were not real typhoids; but a man who has practised 22 years should know his trade; and it is more likely he was right than that suddenly all typhoid vanisht from his vicinity and was replaced by paratyphoid. If so, we might all use copper in the hope of a like change.

I think the same reasoning holds good as to aborting pneumonia. If we assume that it can't be done, we will never do it; for whenever we do abort a case we allow ourselves to be bluft out of it. Call all cases of the sort pulmonary hyperemia, and we have yet to say why so many cases of hyperemia occur as soon as we adopt a new treatment. Get the micro man to examin sputa and see what these cases really are. The matter is too impotant for wordy warfare that decides nothing, when a true means, a scientific one, is in our reach.

For years some have been urging the power of sulfid of lime to abort infectious diseases, and we have paid no attention because we did not believe it possible. But here comes a missionary who tells us he got the suggestion in answer to prayer, and found that the sulfid saturation did cure real typhus, and prevent the secondary suppurativ fever of smallpox, besides preventing this latter malady from developing in persons unvaccinated and exposed. We all know that smallpox will almost always attack such persons, and it looks as if there was something in this sulfid business worth investigating. I refer to the article by Dr. Ussher in the *Medical Record* last September. Suppose that instead of asserting that infectious diseases are or are not abortable, we use the means at our disposal to find out the truth of the matter.

What I have just said applies also to Dr. Kline's letter about osteopathy. This system was begotten in ignorance and born in greed; but it may have some good in it nevertheless. We should see what this is and utilize it as we can, much better than the untrained near-doctors who sport the title of D.O.

There may be something in chromium, judging by the two reports on page 521, but we must not forget that early reports are generally favorable. A witty Frenchman once said, "Hurry up and use the new remedy at once while it still cures." Locomotor ataxia often stops and even recedes for quite a long time. But don't neglect to try the new remedy on that account. It is the indisposition to try new ideas and make use of them that is really the reason for the displacement of the old doctor we hear so much about. He doesn't keep up with the world's progress, and is pusht aside by new men with new ideas and improved methods. When any doctor gets to believe he knows it all, he is a back number. Progressiv men are ready to get information and rarely meet any person from whom they do not learn something of value. As they get into their "anecdotage" they are only interested in trying to teach others, and their day for acquiring is past.

I see that the big authorities say echinacea is worthless. It is queer, but in all the cases of infected wounds to which this tincture has been applied in my own practise, the improvement has been uniformly and immediately evident. This may be another of those queer coincidences, like Anderson's with copper; but if so, I would like to have a few more of them come my way. They say that there is no sufficient evidence that echinacea does good; but this is not enuf for us who want just what this drug is claimed to supply: a good remedy to apply to infected wounds. We don't greatly care whether its discoverer used it as a secret patent medicin or not, but whether it is of use to us in our business. How is it? ALEX. POWER, M.D.

Denver, Col.

Dr. L. Curtis Phillips, of Pensacola, Fla., sends the following, with request that it be publisht for the protection of the fraternity.

"This man is selling electrical instruments, especially Swedish Electrical Vibrator, made by Swedish Electrical Vibrator Co., 602 Farragut Ave., Chicago. He uses this means to extort money from easy doctors like myself. This company wrote me he has no connection with them as agent, and that warrants are out for his arrest. He has been working in Canada, Colorado, California, etc., from which places complaints have come. He simply sells you an instrument ($25), cashes your check and passes on.

"He is a large man, 200 pounds or more, smoothly shaven, about 40 years of age—a nice, smooth talker with a Jewish brogue. You would think him a Jew, very pleasant, and answers your objections to his instrument with an enticing, pleasing smile. Well drest, and claims to have a young wife just from Oklahoma. He signs his name A. Kato. Should any reader ever hear of or meet this fellow, have him arrested at any cost."

Digitized by Google

Collections.

DEAR DR. TAYLOR:—Inclosed please find $4 (money order) in payment for four years' subscription to your peerless publication and for three WORLD Binders for same. I find that I sent my first subscription in 1886, hence I have twenty-four volumes of THE MEDICAL WORLD for which I would not accept $10 per volume.

I have read your suggestions on collections, but think my methods more satisfactory, inasmuch as I do not lose more than 2 percent. of all the work done. *Strict* adherence to the printed rules on the bottom of my bills has brought about this happy condition. I never neglect to send *all* accounts each month. In my opinion it does not pay to jolly; this in itself puts the physician in the attitude of a mendicant or beggar; and those who are honest have more respect for you when they are made to understand you treat all alike. The "skins and beats," on the other hand, only sneer at the "poor beggar." Yours truly,

C. A. WALTERS, M.D.

189 Bainbridge St., Brooklyn, N. Y.

[The rules on the bottom of Dr. Walters' bills are as follows:

☞ All accounts are due and payable monthly, and in no case will professional services be rendered for a longer period, if the current charges are not paid promptly.

☞ *Office practise and consultations invariably cash.*

Doctor, the conditions in a large city are different from those in smaller cities, towns, and the rural districts. The dignified course is always best to pursue, but in cases where that has failed, "jollying" will succeed in many cases better than severe measures, particularly in small places.—ED.]

DEAR DR. TAYLOR:—Your greatest mistake is that you charge only $1 a year for such a journal as THE MEDICAL WORLD. It is well worth double. I would not have my subscription stopt if the price was $5. I wish yourself and family and all the WORLD readers a very merry Christmas and happy and abundant New Year.

The only reason I can see why the old M.D. is supplanted by the young man is idleness and laziness, and a failure on the part of the older men to attend strictly to business. If we only apply ourselves we will get all we need and deserve. F. W. GALE, M.D.

Marquand, Mo.

This is an Old World,
And It is getting Older;
This is a Cold World,
And It is getting Colder—
Save when such Folk as You
Help make It Younger,
And by Your Friendly Faith
Help make It Warmer;
So Here's to You and to the World—
May You have all of It that is Good for You.

[The above appeared on the announcement for the Jan. 11th meeting of the Tazewell County Medical Society, at Washington, Ill.—ED.]

Motorcycle Letters Misleading.

EDITOR MEDICAL WORLD:—I think perhaps for a majority of the profession motorcycle letters are misleading. No one who is not activ, strong, and a good rider ought ever to buy a motorcycle, and he ought to have perfect roads. I tried it, taking a loss of $27 to get out. R. J. WILLIAMS.

Rocky Point, N. C.

Price Must be Raised on Delinquents

We have found that it will be necessary to raise the price of WORLD *when not paid in advance. The reasons are as follows: The Post Office Department requires us to pay a higher rate of postage on credit subscriptions than on paid-up subscriptions. On credit subscriptions (after four months) we must put a 2-cent stamp on each credit* WORLD. *This costs 24 cents per year, besides the trouble of keeping these separate from the others and sticking the stamps on. Also, it does not pay to send several dunning letters for so small an account. You can see this plainly yourself. So those who wish to indulge in procrastination should be willing to pay at least the extra cost which their delay involves. So, hereafter, the price of* WORLD *when paid at the end of the year will be $1.50; but the advance price will remain $1 per year, or four years for $3 in advance—and this moderate price regardless of the great increase in the cost of living, which affects "Ye Editor" as well as everybody else. Perhaps we would better put it in this way: Price of* WORLD *hereafter will be $1.50 per year, but to those paying in advance, a discount of 50 cents is allowed, making the price $1; and to those paying four years in advance, further discount is allowed, making it four years for $3, paid in advance. Those not paying in advance cannot reasonably expect the discount.*

WAHOO, NEB., Oct. 19, 1909.

DR. C. F. TAYLOR; DEAR DOCTOR:—You will find inclosed $5 (money order), one dollar in payment of 1909 subscription, three dollars to pay subscription four years in advance, and one dollar for three Binders. Now, Doctor, it is a clear case of negligence that I have let this matter drift along until I must pay or quit.

I think your Monthly Talks alone are well worth subscription price of THE WORLD. The spirit of fairness maintained in discussing the touchy subject of religion is very commendable, and I think it requires a great amount of self-control to patiently discuss this subject with men with ready-made opinions in cases where reason is ignored. Let your Talks continue.

Yours truly, J. G. SMITH, M.D.

DEAR MEDICAL WORLD:—For many years we have been together. Your business articles have saved me enuf dollars to pay my subscription during my natural lifetime, even if I could live my threescore and ten again. Your politico-patriotic articles have been an inspiration to many men who are groping in the dark and being led by party. Your religious (?) articles will be accepted by many, and rejected by many more; and you will never have the ecclesiastical following of Joe Smith, William Miller, George W. Schweinfurth, John Alexander Dowie, and Mrs. Baker Eddy—and only the latter lives to behold the gullibility of the human family; the others "having all died in faith, but received not the promise"; and if we don't, it will be because we keep out of the way of it.

Medically you are just what the busy doctor wants, *i. e.*, a practical journal, adapted to every-day needs and duties. No medical nihilism, altho if the Editor has not cured (?) many dangerous (to the bystanders) cases with bread pills, he has not had as much experience as I have. Long live THE MEDICAL WORLD, and here goes for another four years. F. M. AGNEW.

Makanda, Ill.

[Brother Agnew, we will do *better* religiously than any of the above-mentioned "saints"; for by these heart-to-heart talks among themselves about religion, the doctors will discover religious truth which will be *permanent*—as broad as the earth, and as high as the skies.—ED.]

Digitized by Google

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Scrotal Eczema.

EDITOR MEDICAL WORLD:—I have a patient 36 years old, white, appears to be in perfect health who is afflicted with an itching around and on the scrotum; at times very severe, often keeping him awake at night, or a greater part of it. There appears to be no hydrocele nor varicocele. The patient claims to have had the "itch" all over, several years ago and has had the present trouble ever since. There appears to be an exanthematous condition on the elbows. The affected parts are a little moist at first; then they get dry and crack, and shed off in scales. Any treatment gives only temporary relief; the salves and ointments are of little value. I will thank you to offer some treatment that will be of some benefit to the patient, as he is very anxious to get well. J. M. NEWBERN, M.D.

Jarvisburg, N. C.

[Our first trial in scrotal eczema is always the following prescription, and we seldom have need to change it:

Calamine	℥j
Zinc oxid	℥j
Glycerin	℥j
Lime water, enuf to make	℥viij.

Mix, and direct to apply freely and frequently. It is quite old-fashioned, but it generally works well. If it fails, come again.—ED.]

Books on Life Insurance Examinations.

EDITOR MEDICAL WORLD:—Advise me where I can secure literature or books with which one can qualify himself as examiner for life insurance. T. J. GIPSON.

Lawton, Okla.

[You will find "Causes of Disability as Applied under Accident and Health Insurance Policies," by Dr. C. M. Harbaugh, sold by The Spectator Company, New York, N. Y., at $6, and "Examination for Life Insurance," Greene, publisht by P. Blakiston's Son & Co., Philadelphia, at $4, invaluable. The former takes up specially accident and health insurance, and the latter is along the lines of old-line life insurance, altho it has good text on sub-standard lives and accident insurance. We think any doctor proposing to fit himself thoroly for such work should have both.—ED.]

Universal Alopecia.

EDITOR MEDICAL WORLD:—Two years ago I treated a boy 19 years of age for gonorrhea. He left before cured to work in factory where it was necessary to keep his hands in water most of the time. Result was stricture. When next seen, stricture was so complete operation was necessary, which resulted in violent hemorrhage. In fact he was a bleeder, and almost lost his life. This was finally stopt, and orchitis started, and for the next six months he suffered from that. In about one year from start of gonorrhea he was ready to go to work. In about a year from the time he considered himself well, and was to all appearances well, he noticed patches of hair falling out. He decided to have head shaved; which he did, and it never grew any more; neither did his beard. Now all the stubs of hairs are out; also the eyebrows, eye winkers; in fact, every hair on his body is out. I would like the opinion of yourself and "the boys." Now the entire scalp appears shiny. I applied a stimulating lotion with friction at night, but without any good results. Please comment. I am satisfied the boy never had syphilis. WM. RANKIN, M.D.

Basco, Ill.

[We think it probable that your patient had a urethral chancre at the time you were treating him for gonorrhea, tho it is possible, of course, for any one to develop universal alopecia regardless of having had either disease as a cause. It is positiv that the gonorrhea, directly, was not responsible for the loss of hair. Your treatment has been all that could be expected, and it is not likely that he will ever regain his hair.—ED.]

Facial Paralysis, Etc.

EDITOR MEDICAL WORLD:—My wife has been bedfast five months, and ill for a year and a half. Attack began with intense pain in left eye. A year ago began a severe cough, which no remedy relieved. I vaccinated with Koch's tuberculin, and sent sputum to State Laboratory. They reported "no tuberculosis." I have been using the tuberculin once a week for 3 months, then every fourth day. The expectoration of pus and mucus is lessened, but she is very weak. Her face is drawn to the right, and half of the tongue is paralyzed, so that she has great difficulty in swallowing. The intense pain

Digitized by Google

in the eye continues Can you suggest any help? I fear the end is not far off.

Lovell, Wyo. H. CLYMER, M.D.

[We fear there is not much hope to give, as she is evidently in bad condition in many ways. It is likely that the trouble with the eye is in the nerve, and is a part of the trouble in the face. In such a case, we fail to see any objection to morphin, and enuf of it to relieve. Outside this, we would give digestiv medication and laxativs, with easily digested and nourishing food such as eggs beaten in milk. We extend our heartiest sympathy, Doctor, and regret we can suggest nothing further.—ED.]

Was It Syphilis?

EDITOR MEDICAL WORLD:—Patient was a male infant three weeks old. Mother, a primipara, was confined by myself with forceps. Made an uneventful recovery, except that she had a chill on the fourth day, and had some temperature for three succeeding days. The child I circumcised on the third day, which required only a couple of notches in the prepuce and the relief of some adhesions, the case healing nicely with little soreness in a few days. The cord sluffed on the seventh or eighth day without event.

When the child was three weeks old the mother noticed that an elevated hard purplish eruption appeared on the top of one hand, and then on the other, and some swelling about the wrists; a few other spots came on the arms and faded. At the same time it was noticed that a uniform hard swelling appeared on first one thigh and a few days later on the other. It was a violaceous brawny swelling in which the thighs became quite tense and painful, the edema advancing to the groins and involving the scrotum and penis and lower abdomen. The inguinal glands also seemed hard and painful. A few purplish spots also appeared on the ankles and legs. The child whined a good deal, no doubt from pain and discomfort, had some temperature and rapid pulse, but nurst well; did not vomit and had good natural bowel motions. The course of the disease lasted about a week, when the child became unusually weak and passed off, apparently sleeping.

I was very much puzzled with this case as it bore some resemblance to rheumatism, to purpura, to inherited specific disease, and to general blood poisoning, tho I could not discover any source of infection, as the prepuce and navel had healed well two weeks before the onset of the illness. A few hours after death it was apparent that there was pus in some of the sores. There was no specific history in the family. All our treatment had no effect on the course of the disease. WORLD family, please criticize. R. P. MCKENZIE, M.D.

Rossland, B. C., Can.

[We have no criticism to make; we do not believe it possible for any one to have made a diagnosis, and you were right in considering all four conditions as possibilities. Had it been syphilitic, one would have expected the eruption to appear on the palms and soles, tho this might not be absolute. We always take denials of possibility of specific history, in such cases, *cum grano salis*.—ED.]

Anemic and Nervous; Menorrhagia.

EDITOR MEDICAL WORLD:—Young woman, 32 years old, married 8 years, one child, 5 years old; never aborted; height, 5 ft. 6 in.; weight, 95 lbs. About three years ago commenced menstruating more than normal, lasting about 10 days. Slight retroflexion; no leucorrhea nor ulceration. Vaginal mucous membrane normal. Complains of pain in stomach and slight tenderness over liver. Very anemic and skin slightly yellow. Extremely nervous, and has been so for ten years. Temperature, 97 to 98° F.; pulse, 80 to 85. Cold most of the time. Kidneys and bowels normal. Curetted her, but it did no good. I have exhausted all my resources, and have used most everything recommended in the textbooks for such a condition, but no relief. What have I? And what will help her condition? Family history is good. Complains of a creepy sensation over her body. C. E. KAHLE.

Sistersville, W. Va.

[Your data are not sufficient upon which to base a diagnosis. Some features of the case indicate autointoxication, and we would put her on a course of salines, even if there is no constipation complained of. We would endeavor to improve digestion by 2-dram doses of elixir pepsin compound before meals and also two hours after meals. After the menstrual flow has been in evidence three days, we would check it by giving the following tablet or pill:

Gallic acid	3 grains
Ergotin	1 grain
Hydrastin, resinoid	½ grain

Give two every hour for four doses; then one every two hours till the flow has disappeared. Keep this treatment up every month till the monthly period lasts only the normal time.

After you have gotten the stomachic function acting normally, and all tenderness has disappeared, put her on peptonate of iron and manganese elixir, but do not discontinue the pepsin elixir. We think you can banish the "creepy" feeling by a tablet every three hours containing the following ingredients:

Camphor	1 grain
Extract valerian	
Extract hyoscyamus ãã,	½ grain

Strychnin might be tentativly tried, beginning with 1-60th grain every four hours, and increasing it to 1-20th or even 1-16th

Digitized by Google

grain at like intervals, if she will tolerate such heavy dosage.

The liver is sluggish, if not organically diseased, and freshly prepared nitro-muriatic acid, fortior, 5 drops in a glass of water at mealtime, would probably alternate well with the pepsin elixir, used every alternate week. This acid is only at its therapeutic best when red; make a fresh supply when its color fades.

We fail to see any curettement indication in what you have told us. It is sometimes necessary, if curettement be indicated, in such cases, to repeat it a number of times before results can be expected. But in this case we should certainly give other measures full trial before attempting surgical procedures.—ED.]

Fracture of Spine.

EDITOR MEDICAL WORLD:—Young man, 24 years old, has fracture of spine at twelfth dorsal vertebra, done by coal falling upon shoulders, causing extreme flexion. This was January 10, 1908. He was operated on and a small piece of bone taken off of cord. This seemed to be causing only slight pressure, and the cord lookt healthy; cord was not opened. He has not improved any from operation. Now, 18 months since injury, he is in fairly good condition. He gives no response to electrical current in legs. This man's condition is accurately described in American Text Book of Surgery, page 581. Also Wyeth's Surgery (old edition), page 299. Would extension and plaster of paris bandage do him any good? If so, where can I get apparatus for extension?

If you or the WORLD family can give anything for this man's relief, we would be under many obligations to you, as the man is my wife's brother. J. S. FITZHUGH, M.D.

Island, Ky.

[The ultimate results prove that the impression gained from observation of the cord was not correct. The cord has been affected, either by the traumatism at the time of injury, or by exudation of lymph subsequently. We do not think the plaster and extension treatment indicated at all; in fact, we have never seen it do good. The experience of the writer has been extensiv in this line, and we have never found any appliance or drug of any value unless specially indicated. We always endeavor to keep our patients in the best possible condition by judicious bathing, massage, attention to digestiv functions, elimination, proper feeding, etc., as you have doubtless done. Outside this, there is nothing we can suggest, unless it might be that moderate sized doses of potassium iodid might be cautiously tried, on the hypothesis that it might encourage absorption of any possible exudate. It would have been better to have described your patient's condition accurately, in your own words, since many readers who might have tendered suggestions could they have appreciated the clinical picture he presents, will be deterred from doing so because of not having either of the reference books to which you refer.—ED.]

Sluffing Hemorrhoids After Ethyl Chlorid (?).

EDITOR MEDICAL WORLD:—In regard to the removal of hemorrhoids, I prefer to give a general anesthetic and remove them with clamp and cautery; but many of my patients object to the general anesthetic; so I have thought of and tried various local anesthetics to be applied or injected, but have not tried ethyl chlorid on hemorrhoids. Would there be, or likely to be any sluffing or bad effects in any way that you know of following the use of ethyl chlorid as a local anesthetic in the rectum for the removal of hemorrhoids? If so, what would you suggest for such purpose? M. P. GRISTER, M.D.

Driggs, Idaho.

[We would not consider it advisable to use ethyl chlorid on the amount of surface it is generally necessary to use in removal of hemorrhoids, tho a few authors say "it may be used to deaden the pain of inserting the needle" (when some of the other anesthetics are employed by injection). From among the group of cocain, eucain, and their various salts; alypin, beta eucain, chloretone, simple sterilized water (the latter being quite satisfactory except for anesthetizing the sphincter), you can select one that will be sure to meet your needs. Some one of them has proven satisfactory to almost all physicians. Waite's Local Anesthetic, tho a proprietary, is a good combination; many of the above-mentioned articles are also proprietary.

If you have none of the following books, we suggest purchasing one or all of them, as one properly handled rectal case would pay for the whole group: Handbook of Diseases of the Rectum, Hirschman, publisht at $4 by C. V. Mosby Medical Book Publishing Co., St. Louis, Mo.; Rectal Diseases, Their Diagnosis and Treatment by Ambulant Methods, publisht by Dr. J. D. Albright, author, at $4, 3230 North Broad St., Philadelphia; Office Treatment of Rectal Diseases, Mason, publisht by The Burton Company, Kansas City, Mo. —ED.]

Boils on Face.

EDITOR MEDICAL WORLD:—A young lady of twenty-two years, seemingly in perfect health, except an affection on the face which has re-

Digitized by Google

sisted all treatment so far. For the past eight years her face has been the seat of a peculiar eruption resembling boils; each one, if ruptured, and most of them do rupture, leaves a pit like a pustule in smallpox. They seem to come in corps at irregular periods. Sometimes the trouble improves in the autumn and at other times it gets worse. She has been the rounds and comes to me for relief. I would be glad if any one can give me any light on the trouble, with these few symptoms. TEXAS.

[We would try putting her on calcium sulfid, a grain before meals and on retiring. If she "belches" the peculiar odor, you will have to reduce the dose; if she tolerates it, increase to saturation. We should also try local steaming with a weak solution of carbolic acid.—ED.]

Membranous Metritis.

EDITOR MEDICAL WORLD:—I have some intractable cases of membranous metritis, and I have tried in vain to cure them by internal medication, vaginal tamponing, etc. I would like to know if such cases can be cured without surgical "interference." Perhaps some one of the doctors has found a remedy.

Idaho Springs, Col. E. P. SHERMAN.

[We regret to say that we do not know of any successful treatment outside the curette, and it is not universally successful. If any one has found a treatment satisfactory to him in several cases, the Doctor (and the rest of the family) will be glad to hear from him, and we will donate all the space he needs for a thoro exposition of his method.

Curettement, repeated and energetic, has been the most successful method of treatment with the few cases with which we have been unfortunate enuf to come in contact.—ED.]

Chronic Knee Joint Trouble.

EDITOR MEDICAL WORLD:—Mrs. X., age 66, widow, has one brother and two living sisters, all in excellent health. One sister died at 60. years from a heart ill, which had caused dropsy. Personal history almost negativ. Two sons are of robust type and almost corpulent, whereas patient's weight would be normal for her height. Nutrition good. General appearance that of health. Patient had typhus or typhoid fever at 14 years, with complete recovery, and enjoyed exceptional health until present trouble set in nine years ago. Denies ever experiencing a headache, but confesses to an aversion for water. Says it makes her sick; nor will she permit any salting of food. Appetite and digestion are normal, bowels regular; drinks some tea and coffee and buttermilk. Eyesight is normal for her age.

Heart and arteries are apparently in good condition. Urin contains about five per cent. sugar and shows traces of albumin. Cannot elicit any history of rheumatic taint anywhere; nor do patient's finger joints show any enlargement whatever. Personal habits are beyond question, and while enjoying an abundance of this world's goods, she is one of the older order of persons who prefer the simple life and actual work to a life of idleness.

The wonder is she has not contracted a drug habit during the nine years of suffering. Began having pain and exquisit tenderness on pressure at a point about the size of a nickel on upper and inner surface of left knee joint at a point where a line drawn transversely on a level with the upper extremity of the patella would intersect a vertical line touching inner border of patella. The point of tenderness and locality of pain has continued thruout unchanged. The pain is described as being constant, but with acute exacerbations every few days, and during last few weeks is becoming worse.

Inspection shows the knee joint flext at about forty-five degrees, no motion being permissible by reason of pain it would excite. Apparently there is some fluid in the joint, but swelling of joint has not been a prominent feature of the trouble, yet putting any weight on the affected limb will always increase the pain and much of the time no pressure will be tolerated. The pain is described as a constant ache rather than a darting, lightning-like variety, and pain does not seem to have any direction, confining itself always to the one spot.

Patient refuses to remain in bed. Spends the day sitting about, and I infer she would not tolerate internal medication very well. Many excellent clinicians have seen the case, and two good men have treated the patient thru extended periods. I need not mention that bonesetters, osteopaths and various quacks have had their inning, and all to no purpose except that the manipulators always did harm. Neuritis seems to have been the diagnosis generally agreed upon by the better class of physicians, and treatment has been internal remedies, the end of which we can only surmise, and external applications of the liniment kind in endless variety.

The actual cautery has been liberally used, and severe and repeated blistering has been tried, as has cupping.

Electricity has been used, but probably not in the form likely to give relief. Amputation has been suggested, and since the trouble seems worse of late I feel that some such radical measure may be necessary. I am not quite sure that neuritis is a correct diagnosis, since the joint during its movable periods moves with less resistance and pain after it has been in motion, and during the later hours of the day. Am quite confident there is fluid in the joint. The character of the pain does not seem like that generally observed in the true neuritis.

While many things have been done for this patient, I believe there yet remains something to try, and I shall await with interest your suggestions. S., OHIO.

[Your case impresses me as one of arthritis in which pus has not formed, or, if formed, that it has been partially absorbed; tho the case cannot be considered at all a typical one.

You evidently have a refractory patient to handle as well as a bad case, and what you do will have to be modified by what she

Digitized by Google

will permit you to do. However, I would be very chary of advising amputation; you might only transfer the site of trouble. If she will submit to confinement, I would put on sand bags and extension, painting with good tincture of iodin all around the joint, but not over it. Use iodin thoroly and persistently, suspending only when the outer cuticle begins to give, and resuming as soon as you think you dare. More cases have been cured by iodin than by the cautery; even blistering is generally overdone.

If she will take it, I would put her on elixir peptonate of iron and manganese.

If she won't do either, and has not had a good trial with superheated air, I would suggest it, in hope of promoting absorption of the gelatinous fluid I believe you have in that joint; 240°, 20 minute seances.

I regard electricity as least promising of anything, yet I would consent to it (if she can be taken to it) before proceeding to either amputate or excise. No apparatus in the electrical line that can be brought to her would avail.

Certainly, as a dernier resort, excision would be the operation of choice.

Meanwhile, I would expend some strenuous efforts at getting some water of some kind into her; she surely needs it after all these years; any alkalin or lithia water, effervescent or not.

The first suggestion will probably bring you more results than any of the others, but it must be effectivly and extendedly followed out; no relaxation in vigilance or weight. If you can induce her to keep it up for the few weeks necessary to produce results, you may carry her to a cure.

We bring to mind in this connection a somewhat similar case in which the X-ray showed an imbedded needle!

Barring such a cause, and in the light of later methods of managing joint troubles indicated in other parts of this issue, *massage* of the contracted muscles is clearly indicated and also around the joint; and in order to permit this, the tincture of iodin would have to be withdrawn, but iodin vasogen could be well substituted, which would give the alterativ effect of iodin without causing surface soreness sufficient to prevent massage of the tissues around the joint. And also the joint should be *brought into use*—carefully and gradually; for joints do not recover without normal use, which seems to be necessary for their normal condition, of course barring the presence of a foreign body, or tuberculous degeneration or other disease of the bone, cartilage, or other tissues of the joint. A well-padded and carefully adjusted brace would enable this woman to walk a little each day, which, with the treatment just suggested, would give this joint a better chance for recovery than the orthodox extension apparatus which we mentioned first, fearing that some of our critical members might suspect that we do not know what is "in the books." While we urge the massage and use treatment, we just as strongly urge the importance of first eliminating the above mentioned contraindications for the same.—ED.]

Trachoma.

EDITOR MEDICAL WORLD:—We have been away from Mt. Vernon for quite awhile; came to New Mexico in July for the benefit of the Doctor's eyes. He has a bad case of trachoma; has been suffering with it for seven years, and it is beginning to affect the sight. Has just had a bad spell with them, and has been blind for something like eight weeks. He has not been able to practise for over a year on account of the trouble.

All the eye specialists that we have been to see say that it is a typical case of trachoma, and they do not seem able to do anything for it. Could you suggest anything that would be of benefit? We have had the usual treatment for such cases, and have gone the rounds. At present we are using an infusion of hydrastis, and I have had more success with that than anything we have used yet. We had used it in all kinds of forms before this and never got any benefit from any of the chemical preparations.

Hope, N. M. MRS. J. WILL SMITH.

[An extensiv experience with trachoma convinces the writer that one cannot hope for a cure in many cases, if any. We have read of "cured" cases, but we never saw any. At the same time, some relief should be obtained. Protargol, 40 per cent. solution, to the everted lids, every other day, with a 10 to 20 per cent. solution to be used twice daily, has accomplisht good results. If the blindness is due to the presence of corneal ulcers causing photofobia, it will be necessary to use instillations three times a day of a 2 to 4-grain atropin solution, or a 1 to 2-grain holocain solution, in addition to the protargol. If Knapp's roller forceps have not been used, they may afford considerable relief.—ED.]

Possibly Hernia.

EDITOR MEDICAL WORLD:—I should be glad to have your own and the opinions of your readers on the following case:

J. H., a married man about 32 years old, first

Digitized by Google

came to me in September and stated that he had been exposed to infection about three weeks previously, and had a slight discharge lasting but three or four days; no pain, no burning or smarting on urinating, and it stopt without any treatment. At the time I first saw him he was complaining of some soreness in the right groin, and of feeling bad generally; appetite poor, bowels constipated. After a few days he developt a bubo in right groin as large as a hen's egg; this disappeared without suppuration under calcium sulfid and counter irritation, and his appetite improved under treatment until he now says he feels better than for years, in that respect. About the time this bubo disappeared, or shortly after, he began to tell me of a swelling in his side that was painful; would come on and last for a few days and go down again. This happened twice before I had an opportunity to examine it. I found a swelling extending about three and one-half inches, just above and parallel with Poupart's ligament; it is tender and there is a dull ache all the time, he says. As near as I can tell from as thoro examination as he will permit me to make, there is a thickening of the tissues at that point, considerable tenderness around the internal ring, but none in the cord, nor is it swollen. There have been no sores on him anywhere, so far as I can learn, and he denies ever having had any venereal disease before. Two weeks ago he passed a stone from the bladder that caused him much pain and some hemorrhage; no trouble since, nor does he know of ever having passed one before. He is working every day, but says he can't forget the pain; and when he coughs or sneezes he has to hold his side. Hernia is excluded.

I should be glad to know what you think of this, Mr. Editor, if you care to comment on it.

Watonga, Okla. J. L. Campbell, M.D.

[You have "excluded hernia" in the canal, but often considerable "thickening" will be in evidence, with markt pain and soreness, long before any tumor is demonstrable in the canal, to develop later into a pronounced hernia. We suggest referring him to the nearest expert truss fitter. We do not suggest telling him he has hernia, but tell him that he ought to wear a "brace" for a time. It is likely the truss man will get a better examination than you are permitted to make, and if there is no threatening rupture, no harm will be done; if a hernia is portending, the truss will be just what he needs, of course. Any doctor is pardonable in temporizing on such a case. We do not think his venereal trouble is responsible, and one would not expect such symptoms from the passage of a stone.—Ed.]

Os Apparently Contracted Again, After Dilatation.

Editor Medical World:—December 18th I was called to attend Mrs. C. in her fourth confinement, and I ran up against a new thing to me. On examination I found the cervix completely dilated and the occiput presenting. This was at 8 a. m. After waiting an hour, in which there were a few ineffectual pains, I made the second examination, to find "nothing doing"; conditions just as they were at first examination. Administered 5 grains quinin sulfate and waited an hour, in which time the pains had increast just a little in intensity. The third examination revealed, to my surprise, an undilated cervix, or rather a partially dilated one, the opening being scarcely larger than a dollar, with no progress of the occiput. Gave a tablet hypodermically of H. M. C. No. 2 (Abbott), and found pains to be increast a little more, but still inefficient. Dilatation of the cervix seemingly was arrested. Pusht chloroform as far as I dared, being 10 miles from another doctor, with no results until 3 p. m. Gave 15 m. fl. ext. ergot, and in half an hour got fair results, as pains became good and strong, but without progress of fetal head. Woman was in bad shape, so called for help.

Help arrived at 6.30 p. m., and after pushing chloroform to anesthesia the delivery was accomplisht with no bad results.

Now, the element that was new to me was the contraction of the dilated os. It either contracted, or I was grossly in error on my first and second examinations. I submit this for comment, adverse or otherwise.

Cement, Okla. B. F. Vaughan, M.D.

[If you made your first examination carefully, you could hardly be mistaken. We think you likely had a contraction of the lower segment, possibly due to the quinin. We use 15 grains when we give it, but we ordinarily employ 1-40 of strychnin, because of our experience with postpartum hemorrhage following administration of quinin.—Ed.]

Hair Tonic.

Editor Medical World:—Here is a stingy price for such a gold mine as The World, but you set the price. My wife, who reads The World nearly as thoroly as I do, wants a better prescription than her doctor can write for a hair tonic. J. D. Guttery.

Valparaiso, Neb.

[Perhaps the lady is slow in paying her doctor bills. But without joking, we think she will like the effects of the following prescription, tho its use has one objection, *i. e.*, the hair must be washt at least once a week while it is in use.

℞

Resorcinol	℥ 1½
Quinin bisulfate	℥ ½
Glycerin	
Spt. lavender comp., āā	℥ ½
Castor oil	℥ 1
Pure imported bay rum, enuf to make	℥ 8.

Shake, and apply to scalp twice daily. If care is taken in applying it so that only the scalp will be moistened, the hair will not become disagreeably oily so soon. If there seems to be a lack of hair

Digitized by Google

growth, we add a little fluid extract of jaborandi, say two drams.—ED.]

Shaking Palsy.

EDITOR MEDICAL WORLD:—Do you know of any remedy for "shaking palsy"? My patient is sixty-six years old, and shakes his head continually. What is a good treatment?

Mt. Zion, Pa E. GRUMBINE, M.D.

[Full doses of tincture hyoscyamus will palliate the trembling of the head, and may completely control it for a time, but it will lose its power in time. Conium, gelsemium, and hyoscyamus make a powerful and efficient treatment, tho the influence may be but temporary.—ED.]

Petit Mal.

EDITOR MEDICAL WORLD:—Miss A., age about 15, strong and healthy; has had petit mal since last August; is quite a bit improved under treatment. What I wish to know is this: would it be advisable to examin the clitoris if the spells cannot be stopt? The ciltoris may be bound down by an adherent prepuce, but I would like to have your opinion. I know it's a rather delicate matter to suggest and of course would give an anesthetic if I should examin.

S. D. S.; MINN.

[There is no possible objection to making such an examination under an anesthetic, except the slight one of danger from the anesthetic itself, *provided you make sure to have some of her female relativs in the room during the entire anesthetization and examination;* this as a matter of precaution. You are in duty bound to make every endeavor to search out the cause, if it be discoverable, for these attacks. —ED.]

Concerning Prevention of Conception.

EDITOR MEDICAL WORLD—I agree with you in regard to the prevention of conception in well selected cases: and if it is ethical for us to abort in certain cases, why not save the patient the pain and danger? Every textbook on obstetrics treats on the subject of abortion, but I have been unable to find anything of value on the prevention of conception, and would like to know what is considered the most practical method. J. L. M., M.D.; Mo.

[This is one of a number of similar inquiries that have come lately. Those who have read THE WORLD carefully know that it is now against the law to publish or to transmit by mail any method of preventing conception. The purpose of this law is in the interest of morality and population; as the unlimited dissemination of information of this kind would lead to gross abuses. However, physicians are supposed to be acquainted with one method, entirely physiological, operativ only at certain times, based on the process of ovulation—the probable date of discharge of the ovum from the genital tract. This plan would permit the cohabitation of husband and wife only at certain portions of the month—and this as well as every other method is more or less uncertain. As to other methods, perhaps the average doctor knows as much as the Editor does. If not, ask the druggist. —ED.]

Price Marks.

EDITOR MEDICAL WORLD:—Find inclosed one dollar for subscription in advance. Every number is worth a whole dollar. Don't offer me any four-years-for-three-dollar cut rates. It is worth more.

Will some one kindly tell me a good system for marking merchandise cost in numbers instead of letters of the alphabet?

Let us hear from some of the "common herd" who are not paid boosters about "The Animal Therapy Co.," of Chicago. W. M. BECK, M.D.

Hanley Falls, Minn.

[It was always our impression that figures or numerals were hard for many people, especially clerks, to learn so that they could be read rapidly without great chances of error. Many years ago, when in business, we used a mark, as follows, which was satisfactory:

S P R I N G C O L T
1 2 3 4 5 6 7 8 9 0

No one ever deciphered it. It is easily memorized, and one is not apt to make error even when reading it rapidly or carelessly. Another one, perhaps considerably used, is

T R Y A N D L I V E
1 2 3 4 5 6 7 8 9 0

But these plans do not answer your question exactly, as the letters are used instead of the figures, and you want a figure system, but one which will not "give away" the price mark. Perhaps some one else can help you. If any of the family know of a better, we will be glad to hear of it.—ED.]

EDITOR MEDICAL WORLD:—Can you give me anything regarding a preparation or nostrum called "Dr. Covert's Nerve Tonic and Blood Purifier"? It is made in California. I have lots of calls for it here, but suppose it is some worthless preparation. J. N. THRESH.

Danvers, Ill.

[We have no information concerning its composition, and think it has not "workt" so far east. If any of the family know anything of it, we will be glad to publish the information.—ED.]

Digitized by Google

EDITOR MEDICAL WORLD:—Will you please inform me of a work treating on school sanitation and the examination of school children for defects of vision and hearing, and where I can procure it? F. M. MEANS.

Holyoke, Col.

[You will need to get two books, one on school hygiene and one on common eye diseases. Write to W. B. Saunders Company, Philadelphia, or to P. Blakiston's Son & Co., same city; or to Paul Hoeber, 59th St., New York, N. Y.—ED.]

EDITOR MEDICAL WORLD:—Is there anything printed on medical ethics? If so, please give me the name, etc. J. A. HARDIN.

New Orleans, La.

[The Principles of Ethics, which succeeded the old "Code," is publisht by the American Medical Association, Dearborn Street, Chicago, at the low price of 5 cents, we think. They may also have copies of the old "Code" left over, if you wish to make comparison. Write the Association for information on this subject.—ED.]

EDITOR MEDICAL WORLD:—Can you or any of the family give the formula of "Wither's Antizymotic solution," put up in Baltimore, Md.? It is an old preparation, and I do not know if it is in the market now. E. ELMER ODER.

13420 Ontario Ave., Chicago.

[The editors do not know the composition. If any of the family have the information, will they kindly send it in for publication?—ED.]

CURRENT MEDICAL THOUGHT

Vasectomy as a Means of Preventing Procreation.

It can readily be seen that one subjected to castration would in all probability become very morose and downcast on account of the deformity alone. Besides, the testicle has a double function, that of providing an internal as well as an external secretion, and the organism cannot maintain a normal condition when robbed of this internal secretion. This is manifested by the perceptible change in the eunuch.

Since October, 1899, I have been performing an operation known as vasectomy, which consists of ligating and resecting a small portion of the vas deferens. This operation is very simple and easy to perform. I do it without administering an anesthetic either general or local. It requires about three minutes' time to perform the operation and the subject returns to his work immediately, suffering no inconvenience, and is in no way hampered in his pursuit of life, liberty, and happiness, but is effectivly sterilized. I have been doing this operation for over nine years. I have 456 cases that have afforded splendid opportunity for postoperativ observation and I have never seen any unfavorable symptoms. There is no atrophy of the testicle, no cystic degeneration, no disturbed mental or nervous condition following, but, on the contrary, the patient becomes of a more sunny disposition, brighter of intellect, ceases excessiv masturbation, and advises his fellows to submit to the operation for their own good. And this is the point in which this method of preventing procreation is so infinitly superior to all others proposed—that it is indorst by the persons subjected to it. All the other methods proposed place restrictions and, therefore, punishment on the subject; this method absolutely does not. There is no expense to the state, no sorrow or shame to the friends of the individual, as there is bound to be in the carrying out of the segregation idea.

There is a law providing for the sterilization of defectivs in effect in Indiana and it is being carried out at the Indiana reformatory. I regret very much that it is not being followed up in the other institutions of the state; but there is no doubt that it will come about in a very short time.

Brown-Séquard, one of the earliest observers of the effect of the secretions of the reproductiv glands, said that an extract from the fresh testis, when injected under the skin or into the blood current, had a remarkable influence on the nervous system, mental and physical vigor; that the activity of the spinal centres were greatly improved, not only in cases of general prostration and neurasthenia, but also in the case of the aged. Brown-Séquard maintained that the general dynamogenic effect was due to some unknown substance formed in the testicle and subsequently passed into the blood. Altho many of the more recent investigators as Poehl, Zath and others assert that it is found in the external secretion, my own observations lead me to indorse the opinion of the latter.

After observing nearly 500 males in whom I had severed the vas deferens, I am prepared to state that there is not only a diminution of the muscular and nervous fatigue resulting from muscular exertion but also a lessening of fatigue sensation and a decided increase of energy and well being. I have observed splendid results in cases of neurasthenia.

That severing the vas deferens or the oviduct does not arrest the sexual development has been proved by doing the operation on young animals before they reached the period of puberty. That there is no atrophy or cystic degeneration has been satisfactorily demonstrated by ten years' observation. It was on account of these facts that I suggested that the vas deferens in the male and the oviduct in the female be severed as a means of preventing procreation in defectivs, as the operation has no deleterious effect on the subject, but the contrary. The operation in no way endangers life.

After cleansing the scrotum with soap and water, I bathe the part in alcohol, then grasp the spermatic cord between the thumb and the index-finger of the left hand, detect the vas, hold it firmly and fix it with a pair of bullet forceps, then cut down on it, draw it thru the scrotal wound by means of a tenaculum hook, strip it of all membranes and the accompanying artery, ligate above and sever, cutting away any portion from the vas that may have been damaged in the manipulation. This is done in order that the end next to the testicle may not become closed. It is very important that it shall remain open, in order that the secretion of the testicle may be

Digitized by Google

emptied around the vessels of the pampiniform plexus and there absorbed, for it is thru this process that the economy receives the tonic effect of the secretion; also, where the end closes there is likely to be cystic degeneration. The action of the muscle closes the skin wound and no stitch, collodion, or adhesiv plaster is needed. The patient returns to his work immediately and suffers but little inconvenience.

There is no diminution of the sexual power or pleasure. The discharge at orgasm is but slightly decreast.

The operation in the female is more difficult, but, if skillfully done, no more hazardous. The oviduct is reached thru a median incision, the tube ligated near the uterus and severed beyond the ligature.

There are over 300 girls in the institution for the feeble-minded in Indiana who, if treated in this manner, would be able to leave the institution and be self-supporting, as the only reason for detention is for the purpose of segregation, as they have not the character to resist the importunities of unprincipled men when thrown on their own resources. The result is that when they are releast from the institution they shortly return in a state of pregnancy or marry some one unable and unfit to rear a family. In either event there is an addition to the dependent class. With the oviduct severed this danger is absolutely obviated. In case of the male the desire for the opposit sex is in no way diminisht; his mind is strengthened, and his nervous system benefited from the reabsorption of sperm. It has a decided effect on the centres of self-restraint, besides improving the physical condition, as the masturbator refrains from excessiv indulgence in this practise. Almost wholly as the result of increast will-power, the rapist or criminal will be aided in resisting his pernicious impulses. Thus we have a means of preventing procreation in the unfit, at the same time improving the condition of the unfortunate individual.—*Dr. H. C. Sharp, of Indianapolis, in Jour. A. M. A.*

The American Druggists' Syndicate.

The Journal A. M. A. in the Department of Pharmacology, January 8th, exposes the American Druggists Syndicate, an arrangement whereby retail druggists become partners in the wholesale manufacture of nostrums. The "patent medicin" manufacturers have been making enormous profits and the druggists who care for profits more than decency have shared in their boom. More recently, however, the department store drug counters and other cut-rate concerns have been encroaching on the "patent-medicin" profits. This has led some of the retail druggists to take stock in the co-operative enterprises that have entered the field. The American Druggists Syndicate, for short the A. D. S., has been previously referred to in *The Journal*. It is one of the most impudent in its claims and obnoxious in its methods. According to the advertisements, it is an association of retail druggists who are daily compounding thousands of prescriptions written by the most eminent physicians of the country which they have an opportunity of testing, "and those which prove the very best by practical tests, are forwarded by each druggist member to the A. D. S., and from the thousands presented, a competent board of physicians and chemists select the premium prescription and offer it to the public in a ready-made package." Samples of a number of their advertisements of preparations are given which are very similar to those of the average nostrum. One of their advertising schemes was the sending out of a Pullman car containing an exhibit of their products and the concern was labeled "A Druggists' Organization for the Protection of the Public Health." All this means that a large number of retail druggists are using the mask of honest prescription filling to hide their real object in business—the pushing of nostrums into use by the public. *The Journal* also points out the relations that seem to exist between the National Association of Retail Druggists and the A. D. S. The former organization seems to be falling into the hands of the latter. The medical profession in its fight against nostrums seems to be thus deprived of the assistance which it should receive from pharmacists. It is to be hoped that the very near future will bring with it some means of differentiating between the nostrum advocate and the pharmacist who is willing to do a purely legitimate business.

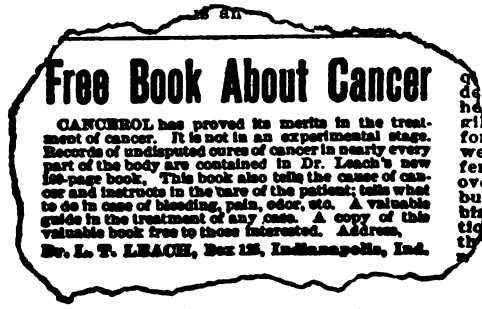
Cancerol.—Dr. L. T. Leach's Cancer Cure and His Parkview Sanatorium.

In recent issues of *The Journal* details were given of two "cancer cure" concerns that have been declared fraudulent by the post-office authorities. This week we present a third, that of Dr. L. T. Leach and his "cure," Cancerol. In giving this case, we cannot do better than to quote it at length from the memorandum which was submitted by the assistant attorney-general, Judge R. P. Goodwin, to the postmaster-general:

"Dr. Leach advertises as a cancer specialist. He treats patients chiefly by mail, but conducts a small sanatorium at Indianapolis, where such few patients as present themselves are cared for. About 90 per cent. are mail patients. The mail treatment costs about $25 a month and the sanatorium treatment about $150 a month.

"Dr. Leach is about 35 years of age and graduated from the Medical College of Indiana in 1901. For some time after his graduation he assisted his father-in-law, Dr. D. M. Bye, in a business similar to that under discussion, and later commenced this business of his own. This is the extent of his experience in treating cancer."

As a specimen of advertising done by Leach, we reproduce an advertisement that appeared in the *Kansas Farmer*, November 21, 1907. This seems to have been the stock "copy" used by this concern in obtaining its


Free Book About Cancer
CANCEROL has proved its merits in the treatment of cancer. It is not in an experimental stage. Records of undisputed cures of cancer in nearly every part of the body are contained in Dr. Leach's new 168-page book. This book also tells the cause of cancer and instructs in the cure of the patient; tells what to do in case of bleeding, pain, odor, etc. A valuable guide in the treatment of any case. A copy of this valuable book free to those interested. Address,
Dr. L. T. LEACH, Box 128, Indianapolis, Ind.

victims. It is interesting in this connection to note that a subscriber to the *Kansas Farmer* who criticised the "medical" advertisements which that publication carried, was told by the editor, that "we will not . . . assist in any kind of a swindle."

CANCEROL.

On his [Leach's] receipt of an inquiry, a copy of a pamphlet entitled "Facts About Cancer," a symptom blank, and a sheet containing alleged testimonials are sent to the correspondent. These matters are carefully prepared to convey the impression that Dr. Leach has discovered and offered a treatment by medication that will cure practically all cases of cancer. For example, such statements as the following are made:

"The agent which meets this requirement is Cancerol. Hundreds have been cured in this way where it would

Digitized by Google

have been impossible to come to my Sanatorium. Cancerol is the mildest efficient remedy known. . . . Cancerol may be employed in most any situation of the body. Cancerol has cured many cases where all other remedies have failed.

"'Here is one who has made a specialty of the disease and who cures cancer.

"'I can cure more serious cases of cancer than any one else, bar none.

"'In the vast majority of cases the medical treatment which I employ, in varying strengths and combinations, will give satisfactory results when all other methods fail.

"'I do not know that I have ever failed in a case where I had given it as my professional opinion that I could cure. . . . I have cured many of those so-called incurable and hopeless cases; pronounced so by some physicians.

"'Nothing has ever been compounded which, in my judgment and in the judgment of other competent doctors, is as efficient as Cancerol. Where I can get cases early, not one in ten need result fatally.'

"The correspondent is informed that, if he will answer the questions asked in the symptom blank, Dr. Leach can correctly diagnose his trouble and will advise him of his condition.

"On the return of the symptom blank, Dr. Leach continues his correspondence, pretending to report his opinon of the disease, and offering to treat the case by mail at about $25 a month."

ANALYSIS OF THE "CURE."

The medicins were analyzed by the government chemists and found to consist essentially of cottonseed oil and simple tonics. The "treatment" for cancer of the uterus consisted of:

1. "Blood Renovator." Found to be but a simple bitter, alcoholic tonic.
2. "Cancerol: Reg. U. S. Pat. Office." Consisted of cottonseed oil.
3. "Special Germ Killer and Disinfectant." A fluid similar to cresol, but which, diluted to the degree called for in the directions, possesed little, if any, germicidal power.
4. Red, sugar-coated pills, consisting essentially of sodium bicarbonate, ferrous sulfate, capsicum, and glucose; in other words, a simple iron tonic.

Should the victim have an external cancer, he was sent the simple tonic, the cottonseed oil and the red pills as described above, and in addition received:

"Prescription 16": An alcoholic preparation containing opium.

"Healing Salve": Boric acid and bismuth salts in petrolatum.

"Day Oil": One-half ounce of ichthyol.

"De-Vit-Ol": Caustic paste containing 34 per cent. of arsenic."

From the results of these analyses the government chemists reported as follows:

"The above findings clearly show that there is nothing in the treatment submitted by the post-office inspector to warrant any claims or representations to the effect that the treatment is capable of mitigating or effecting a cure of cancer."

CLAIMS VERSUS ADMISSIONS.

"Dr. Leach at the hearing was compelled to admit that there was nothing in the treatment purchast by the inspector which could be relied on to cure a case of cancer. He contended that he had not promist to cure the case. This contention, however, is not supported by the facts. The letters and printed literature are clearly intended and calculated to induce the patient to purchase the treatment by the hope of a cure."

THE "CURES."

"The inspector obtained the names of persons who had paid money to this advertiser, and by correspondence received reports of the results of the treatment in about forty instances. Examination of this correspondence reveals that but seven out of the forty claimed to have been cured, and that in but two cases was the patient examined by a local physician who diagnosed the trouble as cancer. In eighteen other instances in which the local physician had examined the patient and stated that the trouble was cancer, the patients found no benefit from the treatment. In no case had there been a microscopic examination of the growth, so that it cannot be positivly said that in any case the disease was a true cancer.

"The result of this correspondence is so strikingly in contrast with the advertising claims as to prove conclusivly, I think, the spurious quality of the medicins that are sold by this advertiser as a cure for cancer, and especially in view of the findings of the analyses."

After thus showing the mendacity of Leach's claims, the valuelessness of his medicins, and the worthlessness of his "cures," Judge Goodwin, the assistant attorney-general, sums up the case against this man as follows:

"Dr. Leach's pretense that he can properly diagnose cases of cancer and prescribe remedies for them without personal examination merely by this correspondence scheme is without any scientific or proved foundation, and he must well know that it is mere pretense. What is undoubtedly the fact that out of the many cases submitted to him and diagnosed by him as cancer there are some which are not cancer at all, but simply non-malignant sores which in some instances yield to treatment, is what affords him a basis on the recovery of such cases to claim that he has cured cancer.

"That Dr. Leach has not succeeded where the profession has failed, and that he is not honestly endeavoring to cure his patients, but that his pretensions to have discovered a cure for this disease are false and fraudulent and asserted merely to deceive and defraud suffering humanity, is revealed by the analysis of his medicins and the finding that they are merely cottonseed oil and some ordinary tonics and caustics."

In short, it was fairly evident that Leach's business was that of using the United States mails as a means of obtaining money by fraud. This being the case, the assistant attorney-general recommended that the post-master-general should issue a fraud order against Leach. This was done.—*Jour. A. M. A.*

Virginia Examination Questions with Answers.

Used June 22, 23, 24, and 25, 1909.

ANATOMY AND EMBRYOLOGY.

1. Describe briefly the nasal cavity and the bones which enter into its formation.
2. Describe the sacrum and tell what passes thru the openings in it.
3. (a) What membranes envelop the brain? (b) What processes are formed by the outer one?
4. Name the bones which form the foot, and give the articulation of each.
5. Give the course and relations of the ureter in the female pelvis.
6. What nerves supply the tongue?
7. Name the muscles attached to the scapula.
8. Describe the abdominal aorta. Name its branches and give their general distribution.
9. Give boundaries and contents of Scarpa's triangle.
10. Give the course and relations of the colon.

Answers to the Above Questions.

1. The *nasal cavities* are two large, irregular shaped cavities, situated one on each side of the middle line of the face, extending from the base of the skull to the roof of the mouth, and separated from each other by a median septum. They open in front by the anterior nares, with the face; and behind, by the posterior nares, with the nasopharynx. They are wider below than above. *Bones entering into their formation* are: Frontal, sphenoid, ethmoid, lachrymal, nasal, palate, superior maxillary, vomer, and inferior turbinated.

2. For description of sacrum, see any text-book on anatomy. The sacral nerves pass thru the foramina in the sacrum.

3. (a) *Membranes which envelop the brain:* Dura, arachnoid, and pia. (b) *The processes of the dura:* Falx cerebri, falx cerebelli, tentorium cerebelli, and diaphragma sellæ.

4. The *os calcis* articulates with the astragalus and cuboid; the astragalus with the tibia, fibula, os calcis, and navicular; cuboid with the os calcis, external cuneiform, fourth and fifth metatarsals; navicular with the astragalus and third cuneiform; internal cuneiform with the navicular, middle cuneiform, first and second metatarsals; middle cuneiform with the navicular, internal and external cuneiform, and second metatarsal; external cuneiform with the navicular, middle cuneiform, cuboid, and second, third and fourth metatarsal; the *metatarsals* articulate with the tarsal bones by one extremity, and by the other with the first row of phalanges; the number of tarsal bones with which each metatarsal articulates, is one for the first, three for the second, one for the third, two for the fourth, and one for the fifth; the *phalanges* of the first row, with the metatarsal, bones behind and second phalanges in front; the second row of the four outer toes, with the first and third phalanges; of the great toe, with the first phalanx; the third row of the four outer toes, with the second phalanges.

5. *The ureter, in the female pelvis,* runs downward in front of the sacroiliac synchondrosis, then upon the Obturator internus and its fascia, lying behind and below the Psoas; it then enters the uterovesical fold below the obliterated hypogastric artery. It passes down parallel with the cervix uteri and the upper part of the vagina, behind the uterin artery, thru the uterin plexus of veins, and below the broad ligament; it crosses the upper third of the vagina to reach the vesicovaginal interspace, and enters the bladder opposit the centre of the vagina.

6. *The nerves which supply the tongue* are: (1) The lingual branch of the inferior maxillary division of the trigeminus (sensation); (2) chorda tympani (taste); (3)

Digitized by Google

lingual branch of the glossopharyngeal (taste and sensation); (4) hypoglossal (motor).

7. *The muscles attacht to the scapula* are: Subscapularis, Supraspinatus, Infraspinatus, Trapezius, Deltoid, Omohyoid, Serratus magnus, Levator anguli scapulæ, Rhomboideus, major and minor, Triceps, Teres major and minor, Biceps, Coracobrachialis, and Pectoralis minor.

8. The *abdominal aorta* begins at the aortic opening in the diaphragm and extends to left side of the fourth lumbar vertebra, where it divides into the two common iliacs. It lies to the left side of the inferior vena cava.

Its branches are: (1) *Phrenic,* to diaphragm. (2) *Celiac axis,* to stomach, liver, and spleen (also to esophagus, pancreas, and omentum). (3) *Superior messenteric,* to small intestin, ascending and transverse colon. (4) *Inferior mesenteric,* to descending colon, sigmoid flexure, and rectum. (5) *Suprarenal,* to suprarenal body. (6) *Renal,* to kidney and ureter. (7) *Spermatic* or *ovarian,* to testes or ovaries, and round ligament. (8) *Lumbar,* to muscular wall and skin of abdominal cavity. (9) *Middle sacral.*

9. *Scarpa's triangle* is bounded *above* by Poupart's ligament, *externally* by the sartorius, and *internally* by the inner margin of the adductor longus; its *apex* is formed by the junction of the adductor longus and sartorius. The *floor* is formed, from without inward, by the iliacus, psoas, pectineus, adductor brevis, and adductor longus. *Contents:* The femoral vessels pass from about the centre of the base to the apex, the artery being on the outer side of the vein; the artery gives off the superficial and profunda branches, and the vein receives the deep femoral and internal saphenous; the anterior crural nerve lies to the outer side of the femoral artery; the external cutaneous nerve is still further external, lying in the outer corner of the space; just to the outer side of the femoral artery, and in the sheath with it, is the crural branch of the genito-crural nerve. At the apex the vein (which at the base was internal to the artery) lies behind the artery. The triangle also contains fat and lymphatics.

10. The colon is divided into ascending, transverse descending, iliac, and pelvic.

The *ascending colon* extends from the cecum to the under surface of the liver to the right of the gall-bladder, where it turns to the left, forming the *hepatic flexure.* It lies in the right iliac and right hypochondriac regions. The peritoneum covers the anterior and lateral surfaces. Length, 8 inches. *Relations.—In front:* The convolutions of the ileum; *behind:* Iliacus, quadratus lumborum, outer side of right kidney.

The *transverse colon* passes from right to left, from the gall-bladder to the spleen. It forms an arch, convex anteriorly and below: the *transverse arch of the colon.* It is entirely surrounded by peritoneum, which is attached posteriorly to the spine, forming the mesocolon. Length, 20 inches. *Relations.—Above:* Liver, gall-bladder, large curvature of stomach, lower end of spleen; *below:* small intestins; *anteriorly:* anterior layers of great omentum, anterior abdominal wall; *posteriorly:* right kidney, second part of duodenum, transverse mesocolon, pancreas, and small intestins.

The *descending colon* passes from the end of the transverse colon by a bend, *the splenic flexure.* Between the splenic flexure and the diaphragm, opposit the tenth left rib, is a fold of the peritoneum, the *costocolic ligament,* which slings up the spleen. The gut then passes downward to the iliac crest, ending in the iliac colon. The peritoneum invests its anterior and lateral surfaces. Length, 4 to 6 inches. *Relations.—Behind:* left crus, left kidney, quadratus lumborum, and psoas; in *front:* small intestins; *inner side:* outer border of left kidney.

The *iliac colon* is continuous with the descending colon at the left iliac crest, and ends at the inner border of the left psoas. Peritoneum invests its anterior and lateral surfaces; it has no mesentery. Length, 5 to 6 inches. *Relations.—In front:* Small intestins; when distended, the anterior abdominal wall; *behind:* left iliopsoas.

The *pelvic colon* extends from the inner border of the psoas to the level of the third sacral vertebra. Length 16 or 17 inches; very variable. It has an extensiv mesentery. *Relations.*—Passing over left brim of pelvis, it crosses the left external iliac vessels and left ureter, and passes to right margin of pelvis, resting on bladder in male and uterus in female; above lie coils of small intestin. It then turns back to midline on posterior wall of pelvis, and, forming a second bend, descends to end in the rectum.—(From *Aids to Anatomy.*)

PHYSIOLOGY.

1. Describe the digestiv processes which take place in the mouth and stomach.

2. What changes take place in the blood in its passage thru the lungs? What is tidal air and residual air?

3. Which portion of the glandular structure of the kidney excretes the salts, and which the watery constituent of the urin? Describe normal urin.

4. What nerves form the solar plexus, and what organs (viscera) does it supply?

5. Give the origin, function, and distribution of the seventh cranial nerve.

6. Name the varieties and respectiv functions of the glands of the skin. Where is the breathing centre located?

Answers to the Above Questions.

1. *In the mouth:* The food is crusht, mixt with saliva, and reduced to a pulp; it is rendered slightly alkaline, and a small amount of starch is converted into maltose; the proteids and fats are unaltered. *In the stomach,* where the contents are rendered acid, conversions of starch into sugar ceases, connectiv tissue of fats is dissolved and fats are set free. Proteids are dissolved and peptones formed. The albuminous foods are dissolved for the most part, and a grumous mixture of peptones, liquid fats, and starches is formed, which is termed chyme, and is gradually passed thru the pylorus into the intestin.

2. In its passage thru the lungs, the blood (1) becomes cooled; (2) becomes a brighter red color; (3) gains oxygen (about 10 or 12 volumes); (4) loses carbon dioxid (about 7 volumes).

Tidal air is the air which is constantly passing in and out of the lungs during ordinary calm respiration. It measures about 30 cubic inches. *Residual air* is the air which still remains in the lungs after the deepest expirations. It measures about 100 cubic inches.

3. The salts and also the watery constituent of the urin are both excreted by the glomerulus of the kidney.

Urin is a yellowish liquid, acid in reaction, specific gravity from about 1015 to 1025. About fifty ounces are excreted in twenty-four hours. Its normal constituents are: Water, urea, uric acid, urates, hippuric acid, kreatinin, xanthin, hypoxanthin, sulfates, chlorids, and phosfates of sodium and potassium, phosfates of magnesium and calcium, nitrogen, and carbon dioxid.

4. The solar plexus is formed by the great, small, and least splanchnic nerves of both sides, and by the right pneumogastric nerve; the two semilunar ganglia and other ganglia, also enter into its composition. It supplies all the viscera in the abdominal cavity.

5. The *seventh cranial or facial nerve* has its superficial origin in the upper end of the medulla oblongata, in the groove between the olivary and restiform bodies. It passes "forward and outward to enter the internal auditory meatus; it lies upon a groove on the auditory nerve, with portio intermedia of Wrisberg between, and at the bottom of the meatus it enters the aqueductus Fallopii, along which it runs first outward between cochlea and vestibule as far as hiatus Fallopii; then backward in internal wall of tympanum, just above fenestra ovalis, at the turn presenting a swelling, the *geniculate ganglion;* and finally it passes downward, to emerge from the bone at the stylomastoid foramen; it then passes outward and forward in the parotid, dividing behind the ramus of the jaw into *temporofacial* and *cervicofacial* branches, which further subdivide and intercommunicate, forming the *pes anserinus.*"—(*Aids to Anatomy.*)

Function: The facial nerve is the motor nerve of the muscles of expression, also of the platysma and the buccinator; it also supplies the muscles of the external ear, the stylohyoid, and the posterior belly of the digastric. Thro the chorda tympani it is a nerve of taste and a vasodilator of the vessels of the submaxillary and sublingual glands.

6. The glands connected with the skin are the sweat glands and the sebaceous glands. The *sweat glands* secrete the sweat or perspiration, whose function is: (1) Excretion of water, carbon dioxid, and urea; (2) to cood the surface of the body, and (3) to regulate the body heat. The *sebaceous glands* secrete sebrum, whose function is: To lubricate the skin and keep it flexible; to prevent undue absorption, and to keep the skin from getting macerated.

The *respiratory centre* is in the medulla, at the apex of the calamus scriptorius. (Subsidiary centres are also found in the spinal cord.)—*From the Medical Record.*

(*To be continued.*)

ROCHESTER, N. Y., January 4, 1910.

DEAR DR. TAYLOR:—I take pleasure in inclosing herein a one-dollar bill to cover my subscription for the year 1910. I ask you to let me ride on your band wagon one more year; for I have had much pleasure in seeing and hearing about the good work that is moving my professional brethren year after year, and you as our guide have splendidly arranged each monthly trip so that your passengers have seen and heard the best our country affords.

I may not stay on the entire trip, for the years back of me are far more than those before me; but I cheerfully pay the fare. All you show us is worth all we pay, and more. I have tried to make men better every way for the privileges of this life—so have you. Your teachings are sound, whether pertaining to medical or religious philosophy. That you may long be permitted to give out your messages to the world thru THE WORLD is my fondest wish. Fraternally yours,

H. A. WHITFIELD, M.D.

Digitized by Google

BOOK REVIEWS

A TEXT-BOOK OF PHYSIOLOGY: for Medical Students and Physicians. By William H. Howell, Ph.D., M.D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Third edition, thoroly revised. Octavo of 988 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. Cloth, $4 net; half morocco, $5.50 net.

Probably the most important addition made in this edition is the especial reference to the work on growth and senescence by Rubner, which points out a physiological path for investigation hitherto trod only by statisticians. At the same time due attention is given all the notable advances in physical, chemical, and anatomical physiology. He has corrected some minor statements, and has added new facts, and also he does not hesitate to include mention of new theories or viewpoints. He continues to be simple and lucid, withouts queezing the life out of the mass of material at hand. In many cases he suspends judgment, stating the literature as it stands, and allowing the reader to take his choice of beliefs or deductions. He has chosen, in many cases, to eliminate rather than to condense, and thus the book is both well-balanced and not verbose, while enuf material is given for any but the most advanced of physiologists who study the branch for the research it affords. This peculiar style, combined with a rare good judgment as to what the elementary student needs and will read, has given a work eminently fitted to the use of the practician who wishes to keep posted up on late physiological advancements. —A. L. R.

DOSE-BOOK AND PRESCRIPTION-WRITING. By E. Q. Thornton, M.D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Fourth edition revised. 12mo of 410 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Flexible leather, $2 net.

The value of this little book has always been conceded, both to the student entering upon his studies and to the practician wanting a quick and convenient reference. Doses are stated in both metric and apothecaries' systems, and a wise average is maintained as a standard. The chief changes in this edition are noted in amplification of the text treating of solvents, incompatibilities, preparations and methods of prescribing them, and by insertion of brief articles on dermatological pastes and salve mulls. In the table of solubilities the degree is given in alcohol, water, glycerin, ether, chloroform, oils, and substances are named which increase the water solubility. It is a complete and dependable work of its size.—A. L. R.

SURGERY: ITS PRINCIPLES AND PRACTISE. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin.; Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume V. Octavo of 1,274 pages, with 550 illustrations, 45 in colors. Philadelphia and London: W. B. Saunders Company, 1909. Per volume: Cloth, $7 net; half morocco, $8 net.

Sixty-six eminent surgeons have contributed to this work, and successfully. This is the last volume of the series, and takes up the Vascular System, by Rudolph Matas; Female Genito-Urinary Organs, by E. E. Montgomery, John M. Fisher, and P. B. Bland; Technic, by John H. Gibbon; Ligation of Arteries in Continuity, by Warren S. Bickham; Bones and Joints, by Peter James Warbasse; Amputations, by Warren S. Bickham; Plastic or Reconstructiv Surgery, by John B. Roberts; Accidents, by William L. Estes; Parathyroid Bodies, Chas. H. Mayo; Intracranial Surgery of Fifth and Eighth Nerves, by Charles H. Frazier; General Anesthesia and Anesthetics, by Hobart Amory Hare; Local and Subarachnoid Anesthesia, by Karl Lennader and Fredrik Zachrisson; Surgery of the Infectious Diseases, by George E. Armstrong; X-Ray and Radium in Surgery, by Ernest Amory Codman; Legal Relations of the Surgeon, by Hampton L. Carson, Esq.; Laboratory as an Aid to Technic and Diagnosis, by W. M. Late Coplin; Surgical Organization of a Hospital, by Albert J. Ochsner. Lennander partly completed his work before death called him, but Mikulicz never had opportunity to begin. Over 1,500 more pages have been furnisht than were promist, and 25 per cent. more text than was agreed upon. Authors and publishers are to be complimented on the excellent work of co-laboration produced. We discover no jarring note. The work will not soon yield first place to any surgery.—A. L. R.

EXAMINATION OF THE URIN: A Manual for Students and Practicians. By G. A. DeSantos Saxe, M.D., Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital. Second edition, enlarged and reset. 12mo. of 448 pages, illustrated. Philadelphia and London: W. B. Saunders Company. Cloth, $1.75 net.

The intention of the author has been to furnish a working guide to the examination of urin by the practician in his daily work, and for the student during his laboratory course; hence he has given out a book well adapted to the needs of such practicians as may never have enjoyed the advantages of a laboratory course, and by which such may school themselves till able to make a complete and satisfactory examination of urin. Articles not likely to be referred to frequently are placed in small type; theory and analytical details are given scant attention The belief concerning urinary secretion and the methods of functional examination are given more prominence than is usually accorded them in works of this class, and this is well, for such knowledge materially broadens a man's views and aids him in grasping the modern status of urinalysis. Due consideration is given as to teaching how to interpret one's findings that they may be applied clinically It is plain and gives enuf information for ordinary purposes; the general practician with few facilities seldom needs more.—A. L. R.

THE PRACTISE OF GYNECOLOGY. For Practicians and Students. By W. Easterly Ashton, M.D., LL.D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Fourth edition, thoroly revised. Octavo of 1,099 pages, with 1,058 original line drawings. Philadelphia and London: W. B. Saunders Company. Cloth, $6.50 net; half morocco, $8 net.

The alterations appearing present advantageously the advances made since the appearance of the third edition. The article on constipation has been amplified, and considerable space is devoted to indoor exercises in relation to deficiencies and displacements in abdominal and pelvic viscera. Corset-wearing is handled from the point that the abdominal wall is a factor in maintaining the equilibrium of the abdominal and pelvic organs. Erysipelas of the vulva has been rewritten, and magnesium sulfate comes into due prominence.

Digitized by Google

Operativ treatment of pus in the pelvis has been altered, and the drainage by vagina is emphasized. Treatment of ectopic gestation has been brought up to date. Additions have been made to treatment of cystitis, and tuberculosis of the genital organs has been thoroly revised. A number of changes in technic of abdominal and pelvic operations are noted, and a shorter term in bed is advised. Pathology of shock is rewritten. Peritonitis has been modernized, and the Fowler-Murphy method of treatment is carefully detailed. Movable kidney is considerably altered, and is now treated from the standpoint of defectiv body form. Special attention is given to exclusion of gastroptosis before operation. The detail in description of technic of operations, positions, instruments, etc., is not surpassed by any gynecology, and fits the general practician for thoroly understanding and appreciating that part of female disease treatment. The experienced surgeon, too, may advantageously employ these charts to insure himself that nothing needed has been forgotten, and that everything is in its proper place before beginning operation The size of the book implies verbosity, but the text is concise; it is the wealth of actually important detail that takes up space. In its present form it has no superior as a guide to the general practician wishing to perfect himself in operativ gynecology.—A. L. R.

THE PHYSICIAN'S VISITING LIST (Lindsay & Blakiston's), for 1910. Fifty-ninth year of its publication. The dose table has been revised in accordance with the new U. S. Pharmacopea. Publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price, $1 net.

BIOGRAPHIC CLINICS. Volume VI. Essays Concerning the Influence of Visual Function, Pathologic and Physiologic, Upon the Health of Patients. By George M. Gould. M.D., formerly Editor of American Medicin, etc. Publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa., 1909. Price $1.

Contains 471 pages and an index. It has twenty-two chapters, a number of which appeal strongly to the general practician, notably the following: Should the general practician study refraction?; Fifty-seven varieties of medical and ophthalmic blunders; Vision and senility; The common origin of "blind spells," petit mal, faintings, swoonings, coma, "pseudo-epilepsy," migraine, etc.; How several professors treated a member of the guild; The refractiv changes dependent upon glycosuria; The "neuropathic diathesis" as the condition of headaches and other functional diseases. In a general way it is of interest thruout to ophthalmologists, yet the moderate price permits any one to own it for the benefit he may derive from a chapter or so. One advised statement will be startling to many physicians: "Of our 80,000,000 people at least one-half need spectacles."—A. L. R.

A PRACTICAL STUDY OF MALARIA. By William H. Deaderick, M.D., Member American Society of Tropical Medicin; Fellow London Society of Tropical Medicin and Hygiene. Octavo of 402 pages, illustrated. Philadelphia and London: W. B. Saunders Company. Cloth, $4.50 net: half morocco, $6 net.

This is just such a work as the profession has long been wishing for, written by a "country doctor" who has gleaned his experience in the homes of malarial sufferers; and he knows how to write, too. The only criticism we can make is that he is too free with his references; but laboratory and hospital men will not call that a fault. He follows Ross on Prophylaxis, and throws his whole skill, experience, and strength into elucidating what is known of that "mystic paramalarial syndrome, hemoglobinuric fever." The result cannot but place him high in the estimation of all men who actually treat malaria. Quinin is his drug of choice, and with brief but convincing proof he shows that malaria, and not quinin, produces "blackwater fever." He has described for the first time in English the parthenogenetic cycle of the parasite, which is the only theory upon which the fact of latency and relapse can be explained. He is intensely practical thruout, and his book is decidedly original and instructiv. Cases are described so clearly that the reader can appreciate how to make his own diagnosis by comparison. To teach how to diagnose and treat malaria has been his whole aim, and he has succeeded better than any writer we have ever followed.—A. L. R.

THE PRACTISE OF MEDICIN. A Text-Book for Practicians and Students With Special Reference to Diagnosis and Treatment. By James Tyson, M.D., Professor of Medicin in the University of Pennsylvania, and Physician to the Hospital of the University; Physician to the Pennsylvania Hospital; President of the College of Physicians of Philadelphia, etc. Fifth edition, revised and enlarged. With five plates and 245 other illustrations. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $5.50 net.

This edition contains 1,413 pages and an index. It is thoroly abreast of the requirements of a modern work on medicin. The articles on Infectious Diseases have been revised; Diseases of the Blood have been workt over; Treatment of Tuberculosis has been modernized; Dr. Trudeau and Dr. Baldwin, of Saranac, have contributed the items on treatment by tuberculin. The opsonic index has had due attention. The importance of blood cultures has been emphasized. Diseases of the Stomach have been amplified and the late Dr. J. Dutton Steele has contributed a section on Testing for Occult Blood in Stomach Contents. Notable additions have been made to circulatory affections, and the space devoted to pericarditis and Adams-Stokes is considerably enlarged. Tetany and Exophthalmic Goiter have been practically newly written, and the touch of Dr. John Rogers and of Dr. Silas P. Beebe is in evidence, Dr. Rogers having written on treatment of Graves Disease by anti-serum. Wassermann's reaction in syphilis is considered. Dr. J. Allen Smith has revised the section on Parasites. Marie's new views regarding aphasia are given. In fact, we know of nothing new which has been omitted. The illustrations have been improved and new ones appear; not many works on medicin are so well illustrated. The plate illustrating the bone marrow in anemias is noteworthy. This old favorit is completely rehabilitated and rejuvenated to suit the most exacting practician who demands the "latest out."—A. L. R.

HEART DISEASE: BLOOD PRESSURE: AND THE NAUHEIM-SCHOT TREATMENT. By Louis Faugeres Bishop, A.M., M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University School of Medicin, New York City; Physician to the Lincoln Hospital; Late Chairman of the Section on Medicin of the New York Academy of Medicin, etc. Third edition. Publisht by E. B. Treat & Company, New York, N. Y. Price $3.

Contains 284 pages, 45 of which are devoted to an accurate and complete description of the Nauheim-Schot Treatment. 22 plates are used in illustrating the 18 movements. 128 pages are taken up by the following subjects: Alterations of pressure in the blood vessels, Primary low

Digitized by Google

pressure cases, Management of Primary low pressure cases, High pressure cases, Management of high pressure cases, Obscure symptoms of circulatory disorder with a consideration of their significance, Management of secondary low pressure cases, General considerations, Estimation of blood pressure and the use of nitrites for its modification. The blood vessel tone maintaining function of the brain, Hypertonica vasorum idiopathica. After concluding the description of the Nauheim-Schot treatment, the second part takes up Remarks on Nature and Cause of Heart Disease; Symptoms of Heart Disease and Practical Advice to Heart Patients; The Nauheim-Schot treatment in New York; and concludes with reports of typical cases. The book is a helpful one to any interested in this line of cases, and every general practician will sooner or later feel the need of the information so plainly and carefully given here. Any physician can follow out the system with the aid of the instructions detailed in this book.—A. L. R.

A MANUAL OF THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF THE EYE. By Edward Jackson, M.D., Professor of Ophthalmology in the University of Colorado. Second Revised Edition. 12mo of 615 pages, with 182 text-illustrations and 2 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net.

The size of the book has been slightly increast thru many descriptions of newly recognized conditions and additional space given other conditions which were but briefly mentioned in the earlier edition. Some of the former teachings have been modified, indeed, in a few instances, reversed. Effort is noticeable in avoidance of temporary enthusiasms which commonly are but evanescent, and the book is a "safe and sane" guide for the conservativ eye student or practician. The whole bibliography is brought together on pages 585 and 594, the convenience to the reader being enhanced. The newer additions to the materia medica have due attention. In its present form it is one of the best small books on the eye for reference purposes in the hands of the student or general practician.—A. L. R.

CAUSES OF DISABILITY. By Dr. Charles H. Harbaugh, M.D., Medical Director for the American Assurance Company, Ex-President of the American Association of Medical Examiners, etc., Octavo of 650 pages, with 142 illustrations, 20 in colors. Overbrook Publishing Company, 533 North 63d Street, Philadelphia. Cloth, $6 net.

This book takes up the causes of disability as applied under accident and health insurance policies, and has special chapters on policy forms, advantages of examining for accident insurance companies, necessary qualifications for successful examiners, method of making examinations, adjusting claims and manner of securing appointments as examiners for insurance companies. It is specially designed as an aid to insurance and fraternal examiners, general practicians and students, attorneys, and corporations. In view of the growing demand for efficient work along these lines, the book is timely. It is capably written, and no feature of this line of work has escaped the author. The reader may trust implicitly the information given. It is a pioneer in this field, and has not been extensivly advertised. Every imaginable injury is fully described, the symptoms and signs detailed, general information given concerning such accidental wounds or disabilities, differential diagnosis, complications, probable period of partial disability, probable period of total disability, and probable results. Diseases and conditions simulating accidental injuries are skillfully brought to attention, and the book (without making any such claim) is a valuable work on physical diagnosis. Many x-ray plates and new cuts impress upon the reader the fact that he is following not only an original writer, but a thoro one. 69 pages are devoted to disability due to poisons and gases. Fraudulent claims, and methods of adjusting claims receive due consideration. 11 pages are taken up with methods of securing appointments as examiner, and on how to command examinations in competition with other physicians. The book is a valuable one to any physician seeking to advance himself along this line of work.—A. L. R.

MEDICAL GYNECOLOGY. By S. Wyllis Bandler, M.D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Second Revised Edition. Octavo of 702 pages, with 150 original illustrations. Philadelphia and London: W. B. Saunders Company. Cloth, $5.00 net; Half Morocco, $6.50 net.

In this edition the chapters on electricity and on hydrotherapy have been amplified, and a number of new pages are inserted dealing with head zones as an aid to diagnosis, the latter being taken from Elsberg and Neuhof's article. Despite numerous additions, the book remains well within limits of convenience as a working manual. The non-operativ side of gynecology appeals to the majority of general practicians, and to all their women patients; hence it is strange that so many practicians continue handing over all their good pay gynecological patients to the operating gynecologist. If this book were used more, the general practician would improve his financial condition and his reputation, besides aiding in staying the excessiv and unwarranted mutilation of womankind. The author is fair; when only a surgical procedure promises relief, he says so without equivocation or evasion. We are glad to see him devote so much attention thruout the work to the nervous condition of the patient which accompanies so many gynecological maladies. He pleads for an understanding of the physical and mental state of the female so that gynecological diseases will be dealt with intelligently, instead of confining our efforts to the pelvis and its contents. He follows prominent writers in a number of lines, notably Winter on diagnosis and carcinoma; Mannheimer on constipation; Brooks on gonorrhea; and Strauss and Goodheart on nervous conditions. The book is a well balanced one, and enters a field which has been almost barren. The physician who follows his methods will do a real service to humanity, and yet will not injure anyone who actually needs operation.—A. L. R.

Dr. William J. Robinson Editor of the Critic and Guide, The American Journal of Urology, and Therapeutic Medicin, has purchased the Chicago Clinic, which has had an uninterrupted existence for 23 years (tho known during the past year under the title of Practical Therapeutics), and has consolidated it with Therapeutic Medicin. The consolidated journal will be publisht monthly, and it is believed that under the activ editorship of Dr. William J. Robinson it will become one of the strongest and most important medical publications in America. The address is 12 Mt. Morris Park W., New York.

Digitized by Google

"Talk" may be separated from THE WORLD by cutting this leaf on this line. Thus "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

OUR MONTHLY TALK.

President Taft is becoming less of an enigma. His recent messages show a much greater interest in the Roosevelt policies than was shown by his December message, or by his speeches previously. The puzzle was, how he could be in earnest about the Roosevelt policies, and at the same time identify himself with the Aldrich-Cannon crowd in Congress, even to the extent of opposing and denying patronage to the republican progressivs, or "insurgents"? However, as I have said all along, I am not disposed to criticise, but to wait. I wish to treat Mr. Taft as *our* President, just as tho I had voted for him; and just as I would wish Mr. Bryan to be treated, if he had been elected.

President Taft seems to be determined that his party shall carry out its platform pledges. This is a distinct step in advance in American politics; for we remember Chauncy Depew's remark, that political platforms are like his N. Y. Central passenger car platforms: not to ride on, but to *get in on*. The passenger having gotten in and comfortably seated, he is fixt for the journey and promptly forgets all about the platform which enabled him to get in. So in the past, as a rule, with our politicians. President Taft seems to be determined that this shall not be true of his administration—and if it is true, that the responsibility shall not be his. And I am inclined to think this is the reason he is keeping in harmony with the majority of his party in Congress. He wants his policies to *go thru*. He wishes thus to avoid the error that President Roosevelt committed. His policy was to force and pound, until his party or Congress revolted, and then nothing could be done. We all admired "Teddy's" courage, but there have been serious doubts of his wisdom. President Taft seems resolved to try the conciliatory method, and perhaps this method will yield the largest results. I sincerely hope so. After having kept in harmony with the majority of his party in Congress, and then making his policies coincide with his party's platform, he can call on party fealty to the support of his policies, and thus perhaps get them enacted into law.

And what did the party platform commit Mr. Taft and his party to?

Establishment of a postal savings system.
Amendment of anti-trust law.
Amendment of interstate commerce law.
Some further work in the direction of the employers' liability act.
More accurate definition of the rules of procedure in regard to injunctions.
Systematic improvement of internal waterways.
Such legislation as will revive the merchant marine.

The President wishes to be true to these pledges, and I hope that he will at least compel action on them, so that his party in Congress will at least show its hand. That's what he did in regard to tariff revision, as per his promise. The action of his party on that question was unsatisfactory to a great many, but there was a revision (some say it was upward instead of downward—at any rate, prices have increast as a result of the revision instead of decreast), and the President compelled the inclusion of some features in the bill that show advanced statesmanship, as the corporation income taxation and the first step toward a tariff commission, which I fully noted at the time, and he favored the inheritance tax feature which was a part of the House bill, and he recommended to the states the adoption of the income tax amendment.

Here is a nice progressiv program which I would like to see speedily realized. Here I can imagin some of my democratic friends saying: "You talk like a republican—have you turned republican?" I am ready at any moment to turn *anything* for the benefit of my country. I have not turned, as I have for years advocated all that is embodied in what is said above (except the ship subsidy), and I am too great a patriot to oppose the principles I believe in unless they can be put into effect by a certain party. In connection with the above, the Philadelphia *Ledger* for January 16th says editorially: "The democratic platform promist all of these things and many more." So there seems to be practical unanimity on the above-mentioned measures, and President Taft should not find it difficult to get favorable action on them by Congress. If he cannot coax, or compel thru party fealty, the conservativ republican majority in Congress to do it, then he should try to get these measures thru by a combination of the republican "insurgents" (progressivs or liberals) and the democrats. But this was a thing that Roosevelt would never do, and I could never understand why. *Principles*, and not party name, should govern the actions of those whom we elect to office. In this connection allow me to quote a significant editorial which appeared in the Philadelphia *Ledger* for January 14th:

THE CONFUSION OF PARTIES.

The one natural and persistent line of division in politics, in this as in every country, is that drawn by general temperament and tendency between conservativ and radical. This has been really the ultimate line of division in American as in English politics, from the beginning, tho the radical party has always become the conservativ party after it had been for a time in power.

It is entirely in accordance with all precedent that the republicans, who came in as progressivs and overthrew the old democratic conservatism, should now, after more than a generation, represent the conservativ interest, and that the democrats, long out of power, should take up with radical policies. The radical, or insurgent, defection in the republican party corresponds with the free-soil movement among the democrats before the war. But the tendency to a realignment has now been evident since the first Bryan campaign, and the actual lines of division, as affecting the existing parties, still remain obscure.

The obvious conjecture is that the Taft administration will stand for the generally conservativ position, while the republican insurgents combine with the democratic radicals, driving the conservativ democrats to Taft. This appears the natural tendency. But the outlook is obscured by the fact that the Administration is advocating a program that in many respects is distinctly radical, while the insurgents, who decline to be ruled out of the party, are making their fight with more relation to persons than to principles.

That an ultimate division will come upon the fundamental lines, which are now partly geographical, hardly admits of doubt. That it will come during this session of Congress is less probable. The present controversies, apparently petty, point to more clearly defined issues in the Congress to be elected this year, but the men who have to stand for re-election are still feeling the ground cautiously.

Yes, alignment should be according to principles, and not according to party name. The lines are getting pretty badly mixt, and a "new deal," a new lining up, is long overdue. If we could get a real division according to popular interests and according to the real sentiment concerning the above-mentioned and other progressiv measures, nine-tenths of the democratic voters and three-fourths of the republican voters would find themselves together, and the conservativs would be only a

Digitized by Google

little bunch huddled helplessly together up in one corner. Yet that little conservativ bunch has practically wielded the government of this country, practically determining its policies, yielding a little here and there in order to get a new and better hold, and the people remain divided like two flocks of sheep. For a long time the conservativs controlled both flocks; and when they lose control of one flock, they concentrate their efforts upon the control *and the victory at the polls* of the other flock. So their contriol has been perpetuated.

The people haven't sense enuf to get together in one flock, according to their interests and beliefs, and leave the small bunch of conservativs shivering alone. I don't think they ever will until we get Direct Legislation. Then the people will have an opportunity to vote directly for the measures they want, and the officers they elect must put their will into operation. Then parties and their hangers-on will go out of business.

I intended to discuss President Taft's recent messages at some length, but I have now occupied more space with politics than I intended. His conservation message seems to have an honest ring, but we would have been better pleased if he had retained Garfield as Secretary of the Interior instead of selecting Ballinger, and hence continued Roosevelt's conservation policies with Roosevelt men, including Pinchot. His National incorporation message, and the administration bill concerning same, has aroused opposition in many quarters, particularly concerning certain details, but the need of some National control of corporations whose business is nation-wide is so universally recognized that some step should be made in this direction, and speedily.

Bigotry

I wonder how many of us are bigots and do not know it? The medical profession has always been full of medical bigots (less now than ever before, however), and they are of various kinds. All the bigots are not in the ranks of the regulars, tho some of the most educated and distinguisht of them are bigots. For example, some of our medical college professors and authors "know it all," and they will not learn —they will not recognize many who, tho much less educated than they, could teach them *some things*. Then there are bigoted homeopaths; and, as a rule, they are the leaders of that school. The same may be said of the eclectics, also of the osteopaths; but here it is the ignorant who are the most bigoted. Many osteopaths have left the shop or farm and in a short time have learned a few tricks, and think they are great doctors—"beat the drug doctors." I used to think that bigotry and ignorance always went together; maybe they do; but it is also true that learning (usually lop-sided learning) and bigotry may go together. But medical bigotry is on the decline. THE MEDICAL WORLD has been sailing in the medical skies like a brave bird of liberty for a quarter of a century, and it has contributed largely to the demolition of medical bigotry. But there is still much to do, and THE WORLD is still "on the job."

As to political bigotry, need I say more than what I have been saying in these "Talks" for over 15 years?

And now for religious bigotry. Did you ever hear of it? If not, it is because you have always associated with your kind. Perhaps no bigotry is more widespread and deeply rooted than religious bigotry. An old Quaker lady said to her husband, "John, all the world is queer but me and thee; and sometimes I think *thee* is a little queer." So we may all say to one another, all the world is bigoted but you and me; and sometimes I think *you* are a little bigoted. Bigotry is a disease of the mind that we can seldom or never detect in ourselves.

Yes, all the world is bigoted on the subject of religion. I remember how surprised I was when I first heard Catholics charge Protestants with bigotry. In Catholic countries, and probably in some parts of this country, perhaps, the Catholics are bigoted toward the Protestants. Bigotry runs specially high among the Mohammedans. How they look down on "the infidels." In the Temple at Jerusalem one of the ladies of our party toucht a roll of old manuscript. The Mohammedan attendant nearly "had a fit." He jumpt between the lady and the manuscript, carest the manuscript, and rubbed vigorously where it had been defiled by infidel hands. At Gibralter I had an intimate talk with a very intelligent Moor of the higher class. I was here surprised to learn that the Christians are idolaters. I askt him to explain. "Why, the eedles, the eedles (idols) in their churches. I would *break* them," he said, with a mighty gesture—and his excellent physique, graceful pose, and noble face and head made a picture that an artist would have prized. I learned that he had reference to the figures of Jesus on the cross, of Mary, and other figures in the European cathedrals. He believed that they are worshipt as idols by the Catholics, the only Christians known to him. And here we might say, that maybe what seems to us as idol worship in India, China, and Japan may be no more idol worship than Christians are guilty of in their churches and homes. Maybe we misunderstand them as much as the Moor misunderstands the Christians.

But in Mohammed's time there was idolatry of the worst and most debasing kind. The religious ceremonies were bestial orgies of the lowest kind. Mohammed was a great reformer, and stopt all this in Arabia for all time. He lifted religious ceremony to comparativ serene heights, and establisht the purest form of monotheism that the world has ever seen. But the trouble was that his followers thought, and still think, that he was the ultimate perfection. And you know, when you have reacht, or think you have reacht, perfection, progress stops. Thought crystallizes right there, and a fixt condition of thought persists as long as that crystallization continues. That is the reason that Mohammedan countries do not progress. And that is the reason that most religions—all dogmatic religions—are a bar to progress.

What is Dogmatism?

But we were talking about bigotry. Perhaps here we can find a reason for it—dogmatism. And what is dogmatism? It is "cock-sureness," without much if any proof. And usually along with it goes a closing of the doors of the mind to all conflicting facts, opinions, or information. There are liberal dogmatists as well as orthodox dogmatists; so the fact that we are

Digitized by Google

"liberal" does not entirely free us from dogmatism or bigotry. A good way to get rid of bigotry is to study comparativ religion, much as you would study comparativ anatomy, or comparativ government. That is, study each religion as compared with the rest; and it is important to study each one *sympathetically*—that is, from the inside, by putting yourself in the place of a believer as near as you can. Is it hard to do? Then how can we expect the same attitude of mind from others, when we ask them to consider *our* beliefs? But we can get cold, historic, philosophic or scientific information, without reference to any particular belief, and this will modify our beliefs perhaps more than anything else. So let us study, and think, and expand.

But if I talk on this way much longer, I can give no attention to the usual big pile of letters before me, interesting, earnest letters, concerning this absorbing topic of religion. I wish I could publish them all, good and bad; but as I cannot, I will begin with the worst one—one of the worst ones I ever received. You may judge it for yourself. Despite its rudeness, the writer is sincere. Let us overlook the disagreeable parts, and meet the issues brought up.

SANTA PAULA, CAL., December 18, 1909.

EDITOR MEDICAL WORLD:—Inclosed please find one dollar to renew my subscription to THE MEDICAL WORLD. This renewal is made solely because you suggest the probable discontinuance of the publication of your alleged religious opinions.

I will have no part in supporting or promoting a paper or a man who alleges that Jesus Christ was a bastard by birth and a liar by profession, as do those who deny his divine origin.

You live in an environment, and enjoy privileges created and made possible only because of the life, sacrifice and death of the divine son of God, Jesus Christ. For you to attempt even in your crude and idiotic way to assail the character of Jesus Christ is not only an unnecessary display of your lack of gratitude, but is also a cowardly act and a gratuitous insult to the decent christian men who read your paper.

Hoping for a discontinuance of this religious discussion, I am, Yours truly, G. E. APLYNNE.

Now this man means and believes every word he writes. In a Mohammedan country any dissent from their peculiar belief about The Prophet would be received in about the same way—possibly worse. I have received letters before expressing a belief that all the blessings we now enjoy are due to the Bible and the orthodox Christian religion. This belief is more or less prevalent, so we will take this letter as a text. I gave it to a gentleman who has spent many years in a special study of the gospels, and who is also deeply versed in biblical and religious history, and askt him to make a brief reply for publication. Here it is:

REPLY TO DR. G. E. APLYNNE.

DEAR DOCTOR:—You labor under a serious misunderstanding when you charge Dr. Taylor with maintaining that the Lord Jesus was a bastard and a liar. Because he rejects the virginal birth he does not regard the Nativity as illegitimate. The sole documents which narrate the marvel, viz., the poetical Infancy Sections prefixt to Matthew and Luke, are now admitted by scholars (including some orthodox ones) to belong to the later strata of the gospel traditions; and we reject it, not because it is one more marvel in a universe of marvels, but because it is lacking in historical attestation. The science of criticism has taught us to distinguish between one gospel document and another, just as we distinguish between Alexander's campaigns and the story that he was the son of a god. For the same reason we cannot admit that Jesus was a liar because two evangelical writers invented myths about him. Some of his acts once regarded as miracles we can accept, in the light of modern research into hypnotism and other psychic phenomena, now slowly taking rank among the obscure sciences. Even his oracular utterances about his oneness with God we can understand in the light of comparativ religion and of the utterances of mystics in all ages and nations.

As to our environment having been created by the life and death of Jesus, we cannot admit the truth of such a statement, except in part. After eighteen centuries of Christianity, Christians were still hanging men for petty thefts, and feasting upon their death-agonies as public shows. Before the Mohammedans ruined India, there was a more humane civilization in that country under the ethical ideals of Buddha than we enjoyed in the time of Wesley and Swedenborg. Our present freedom and comparativ peace we owe to two stupendous events: the American and the French revolutions. Since those upheavals we have learnt to assimilate the humanity of Jesus rather than worship his divinity, to say nothing of ceasing to burn, imprison, disfranchise, or ostracise others for disbelieving it. Moreover, the growth of exact knowedge and the lifework of men like Darwin and Huxley have done as much to create our environment as the blessed example of nineteen centuries ago.

My dear Doctor, if you will read the sacred works of the East, now translated into English by a band of scholars of several nations, you will quickly discover that religion is not provincial, but cosmic: that the inner hunger which creates it has satisfied its cravings in a thousand ways, and that no one sacred book, however lofty, and no one divine exemplar, however pure, can exhaust so worldwide a phenomenon. I am, my dear Doctor,

Yours sincerely,

ALBERT J. EDMUNDS.

Mr. Edmunds could have made his reply much more exhaustiv, but I askt for a *brief* reply. A volume could be written on the subject without exhausting it, and a very interesting volume it would be. Care should be exercised in making extravagant claims, else some one might come with a counter proposition, and charge the Bible and the Christian religion with the ignorance, crimes, and horrors of the dark ages. Or, to put it another way, if the civilization and the blessings which we now enjoy are due to the Bible and the Christian religion, why did they not come many centuries ago? and why did the dark ages intervene? What say our logicians and historians?

Mr. Edmunds has said that the two expanding and liberalizing events, the American and the French revolutions, helpt us to assimilate the humanity of Jesus rather than worship His divinity. Suppose we try to put in parallel columns the things that the church emphasizes, and the things that appeal to the modern student as rational and of permanent value:

Theological.	*Rational.*
The Bible the Word of God.	The Bible only one of the "sacred scriptures" of the world. They all had a natural origin.
Inerrancy of the Scriptures.	Natural origin and life of Jesus.
Immaculate conception of Mary.	Exceptional purity of His life, and originality and high spirituality of His teachings.
Miraculous conception and virginal birth of Jesus.	Boldness of teachings led to execution—not because of teachings, but because of disturbances caused by, and manner of same.
Birth of Jesus in Bethlehem; the manger; the magi, the star, etc.	No miracles: but perhaps a healer by magnetism and faith. A psychologist, but an unconscious one.
The Messiah, as foretold by Isaiah.	Left no written records.
The miracles.	Probably never made any claim to divinity; this being probably added to reports of His words long after death—exaggeration and inaccuracy of hearsay, in a very inaccurate and credulous age.
The baptism, the dove, the voice, etc.	Exalted spirituality and
The last supper.	
The crucifixion.	
The victorious resurrection.	
The ascension.	
All these things must be believed, and they prove the divinity, the godship of Jesus.	
"He that believeth and is baptized shall be saved; he that believeth not shall be damned."	
Persecution and torture, even to the most horrible kinds of death, in the defense of the above	

Digitized by Google

Theological.	*Rational.*
dogmas, "in the service of God."	originality of teachings could not well be exaggerated or amplified, as He was the master in this respect; as Shakespeare was the master in dramatic thought.
	Sermon on the Mount.
	The Lord's prayer.
	The beatitudes.
	Woman at the well.
	"Forgive them, Father, they know not what they do."

Perhaps some of our scholars can do this much better than I have done it; I am only a layman, you know.

California seems to be a curious state. I get some of my best and some of my worst letters from there. Missouri used to be just such a state, but now it is California. For example, the same mail brought these two letters:

GLEN ELLEN, CAL., December 13, 1909.

DR. C. F. TAYLOR, M.D.; DEAR DOCTOR:—Inclosed please find a P. O. order for $1 for the renewal of my subscription to THE MEDICAL WORLD. I have been very much interested in your talks on religion, and I am heartily in sympathy with your views. I sincerely hope that you will continue the discussion, and will be instrumental in removing that intolerant bigotry which is a blot on our civilization. Yours truly, E. A. CREPIN.

WHITTIER, CAL., Dec. 13, 1909.

EDITOR MEDICAL WORLD:—Your Dec. number has just arrived. I have not read it any yet except to notice my subscription has expired. I am glad the time is out. I am sorry any of my money helpt support such a publication as THE WORLD has been for the past few months. It has been worldly sure enuf. You ridicule us orthodox subscribers and call us "narrow" and yourself "broad." Well, you are too broad to suit me. You remind me of a Western river that is ten miles *broad* but is only *six inches deep*. I don't see how any orthodox doctor can conscientiously renew his subscription.

W. V. MARSHBURN.

I do not remember to have called our orthodox friends "narrow," nor to have called myself "broad." It is rather natural for us to consider ourselves broad and liberal, and those who differ from us narrow and shallow. But I recognize this tendency, and am fighting against it all the time; tho I am human, and possibly not entirely free from bigotry.

Here is an ideal letter, and Vermont ought to be proud of Dr. Gregg. Other states have men just like him, and may his tribe increase everywhere:

December 28, 1909.

MY DEAR DR. TAYLOR:—Notwithstanding that I have been a republican and a Presbyterian for fifty years, I beg to say that THE MEDICAL WORLD, which includes the Religious World and the Political World pleases me perfectly. My mind is as open to receive the truth, which I think you intend to give us, as my mouth is to receive clean and nourishing food. That is the only way we can grow. If we reject food we starve. If we refuse investigation we cease to develop. I hope you will stick to the pulpit and keep the lights burning on the political platform. All medicin and no other refreshments make Jack a sick boy. I inclose check for MEDICAL WORLD and Story of the Bible by Sheldon. Thanks in advance for your trouble. Yours sincerely, J. W. GREGG, M.D.

Here is another *reading* Presbyterian from Nova Scotia:

DARTMOUTH, N. S., Dec. 14, 1909.

DEAR DR. TAYLOR:—I sent in my renewal for THE WORLD before I saw your offer of the Sheldon and Gladden books, for which I inclose P. O. O. for $2.25.

I am a Presbyterian, old stock; oatmeal and Westminster Catechism; but please continue the "religiuos talks." We want *all* the *truth* we can get.

As for your "Yankee politics," I do not know anything and care less. N. F. CUNNINGHAM, M.D.

Such letters are no rarity; and I present these two samples to show that our orthodox brethren can be, and many of them are, just as open-minded as we who claim to be "liberal" can possibly be. In fact, this discussion has increast the profound respect that I have always had for gentlemen (scholars, who are willing to read) of orthodox convictions. Those who will not read, and who "fly off the handle," will come back and commune (intellectually) with us again after awhile. Any one who really tries to do any good must lose a few dollars occasionally; but if he is steadfast, true, and patient, and keeps his temper, they will come back to him again.

For example, a Kentucky brother sends his renewal, and this is the postscript to his letter:

P. S.—I am the chap that ordered you to stop sending me WORLD on account of your doctrins of infidelity. But I need THE MEDICAL WORLD. I am not bound to swallow your infidelity, so send me WORLD for the year 1910 and preach all the infidelity rot you want to.

He does not realize that to millions and millions of the inhabitants of this (God's) earth, *he* is a rank infidel. I wonder who *God* considers an "infidel"! I think it would be well if we would all be careful about throwing that term of reproach at one another, for we are *all* infidels in the opinion of many others. Perhaps, sometime, the human family will learn to tolerate one another, and bigotry will be no more.

It seems that the Presbyterians are bearing out their reputation that they are "intellectual." How about the other orthodox denominations? The Episcopalians also have the reputation of being both intellectual and liberal. How about the Baptists, Methodists, etc.? Will they speak for themselves? Doubtless many of the orders for the Sheldon and Gladden books come from adherents of these denominations. By the way, none of these books have yet been returned. It seems that they satisfy their purchasers. These are only two of many good books that are constantly coming out, giving the investigations and thought of progressiv men.

Here is a short letter from a very sensible orthodox brother:

PLUMMERS LANDING, KY., Dec. 28, 1909.

EDITOR MEDICAL WORLD:—Inclosed please find the dollar. Send THE WORLD right along. I don't agree with you politically nor religiously, but I claim to have as much sense as my horse. If I feed him hay with briars in it, he just eats the hay and leaves the briars; and I do the same. Will send in an article in a short time. With best wishes for a happy New Year, I am very truly,

J. P. HUFF.

Brother, try the "briars." Many think they are sweeter than the hay.

Dr. B. J. Greene, of Beverly, Kan., says something different from all the rest. Here it is:

Inclosed find $1.50 to be applied as follows: MEDICAL WORLD one year; *Physician's Drug News* (new subscription) one year. Your paper is o. k. except the Monthly Talks; but rubbing the fur backward once a month *does* get rid of a lot of dandruff (old ideas), and promotes a more vigorous growth. So I will say o. k. to the Talks, also.

I cannot express to you how hard it is to stop each month and leave a lot of letters—many of the best ones—unused and unanswered. Brethren, I appreciate them all, even the bad ones. Write as freely as you wish, and I will appreciate your letters even if space forbids their use. Now let us have this letter for its beautiful ending, and then we will stop:

NASHVILLE, ILL., Dec. 13, 1909.

MY DEAR DOCTOR TAYLOR:—My subscription was re-

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR per year, or FOUR YEARS for THREE DOLLARS; to Canada, ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS; to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII MARCH, 1910 No. 3

Chilblains; Frostbite: Treatment.

Chilblains (or pernio) get scant attention at the hands of many medical men because they deem it beneath their dignity to meddle with such "insignificant matters"; also, *because they do not know what to do to relieve the patient.* Such a doctor is to be blamed, and his patient is to be pitied. Pernio causes great distress and suffering, and many cases last thruout the cold weather, and endure from year to year, so that the victim actually suffers almost constantly from the approach of cool weather until the warm weather of spring approaches.

In appearance the pernio is an erythematous patch. The commonest location is the heel and border of the foot above the sole, altho it is not uncommon on finger, ear, or nose. The part is tender, and feels cold to the touch, altho the patient complains of an intolerable itching and burning, especially when brought close to heat. Severe cases are almost cyanotic, and may develop vesicles, bullae, or even extensiv ulceration. Primarily, the condition is brought about by exposure to cold, and is most apt to be noted in those of poor peripheral circulation, tho even the most robust may suffer. Very young and very old, and the tubercular, are the most frequent sufferers. The presumable etiology is that it is a vasomotor disturbance, and that the local vasomotor mechanism has been rendered permanently irritable by repeated exposure to cold, hence it is unable to maintain normal vasomotor tone in the parts affected.

The feet should be bathed daily in hot water, dried briskly, and then dusted with some bland powder, as a prophylactic measure, in those predisposed to this annoyance. Strychnin, arsenic, and nitroglycerin are indicated. Regular exercise should be insisted upon. The shoes should be loose fitting, and capable of protection from inclement weather. Wright believes defectiv coagulability of the blood to be a factor, and advises the use of calcium chlorid in .10 to 15-grain doses, three times a day.

The intense itching and burning is relieved by the use of soothing lotions like calamin lotion, with 3 per cent. carbolic acid added. Painting with a watery solution of silver nitrate, 10 to 20 grains to the ounce, twice daily, affords remarkable relief in some cases. After such treatment has caused a subsidence of the more acute symptoms, one may paint with tincture of iodin, rub with camphorated soap liniment, or apply mentholated (2 per cent.) alcohol, or bay rum. Soaking the feet nightly in hot salt water is beneficial. The galvanic current, ten minutes daily, is highly extolled. Louis Jones gives a ten to fifteen minute electric bath, once daily,

Digitized by Google

as follows: One electrode (from static machine or induction coil) is placed in a foot bath and the other on the patient's body, keeping the current at a point which is not disagreeable.

When the skin becomes broken, or ulceration is manifest, the best application is an ointment, of which benzoinated oxid of zinc ointment is a good example. Continuous antiseptic baths or wet dressings are preferred by some experienced observers.

Frostbite: All physicians consider that treatment of this affection comes within their sphere of activity. Most laymen in cold climates are familiar with the preliminary steps of treatment, but those coming into a cold climate are very prone to be frostbitten during their first winter, and seldom know how to care for themselves, with the result that one occasionally sees appalling results follow this condition. Ill fed, poorly clothed persons, even tho knowing their danger, are frequent sufferers in severe weather, and those compelled to be long in the open air often suffer even tho well clothed.

The results following frostbite are to all intents and purposes merely a form of gangrene, and are to be so treated when the severity of the attack or ignorant treatment has made the loss of the part certain. The main feature for the physician to remember when called early to a case of frostbite, is that the damage is done, not when the part is frozen, but *when it is thawed*. The death of the tissues takes place during the thawing process because of the intense capillary congestion set up. The secret of successful treatment is, therefore, to retard the thawing process as much as possible, while gradually restoring sensibility and circulation to the parts frozen. This is done by rubbing the white, insensible, frozen parts with snow, or by placing them in very cold water, and keeping the patient away from any artificial heat. After the application of snow by gentle rubbing, or the use of the cold water for some time, gentle friction with the bare hand is resorted to until circulation begins returning to the part, when it is wrapt in cotton. As the circulation returns, there is throbbing, a sense of heat, and complaint of pain. The treatment subsequent to the thawing out process varies with the extent of damage done, and is detailed in all works on surgery.

The caution might be added that the application of the ice bag over a protracted period is capable of producing sluffing, and is in effect an artificial frostbite. Cases have been recorded following an all-night application of the ice bag on a hernia. The ether spray, too, is not without danger, and this is especially true when the parts frozen are the site of previous inflammation.

A Remunerativ Specialty for the General Practician.

The suggestion we make is applicable to almost all sections of the country except those but sparsely settled, while of course the highest remuneration will only fall to the lot of those located in mill and mining districts, or in other great industrial centres. Even in strictly farming communities the opportunity is present in many instances, while as years go by the radius of opportunity will extend until it embraces the bailiwick of every practician of medicin. We refer to examinations for health and accident insurance. This business is developing by leaps and bounds, notably in the industrial centres, but also in the more progressiv and thickly settled farming districts. It is not a line which *any* practician of medicin can follow with success. By success, we mean satisfaction to the company and to the applicant. To be sure, any practician can fit himself for doing this line of work, and experience will develop for him the tact and diplomacy necessary to insure permanency in the appointment, and to secure, thru his accident insurance examinations, practise in fields he had never before been able to secure a foothold.

The work is different from that of ordinary life insurance. The medical examiner is not nearly so apt to lose practise thru offending the rejected applicant, and he is not nearly so dependent upon the good will of the agent. Life insurance examination generally requires a trip at a time the agent has selected without consulting your convenience, and often it must be made into a neighborhood in which you have no other work. Examinations for health and accident insurance are not generally made "by appointment," and may often be made when you are on your regular rounds. As a rule, in life insurance, the applicant has voided urin just before your arrival, and another trip is necessary to secure the specimen, and in many instances

Digitized by Google

several calls are made before the specimen is secured; then it must be taken to the office and examined. Health and accident insurance do not generally include a urinary examination. Life insurance is not particularly stimulating to one's diagnostic power, since the agent generally keeps those from being examined whom he deems diseased to a degree involving jeopardy to life. Accident and health insurance examining, on the other hand, improves one's diagnostic powers, since the experience covers every imaginable condition, and the "risks" are never "selected" before they are presented to you for examination. Accident and health insurance does not pay as high fees as life insurance examination, but one can examin two or three applicants for accident or health insurance in the time occupied by the examination of one applicant for life insurance. Two or three $3 examinations are better than one $5 examination, and they take less time and cause less worry and complications.

This line of work requires a special adaptability, but any doctor can acquire the necessary knowledge and characteristics by devoting a little study to the matter. This is what we mean by making a "specialty" of it. One might make a "specialty" of life insurance examining; and of health and accident insurance examining. The information necessary to thoroly equip one may be obtained from "Causes of Disability as applied under Accident and Health Insurance Policies," publisht by the Overbrook Publishing Company, of Philadelphia, at $6, and from "Examination for Life Insurance," Greene, publisht by P. Blakiston's Son & Co., Philadelphia, at $4.

In seeking appointments as examiner in your locality, do not be afraid to let the medical director know that you purpose devoting special attention to this class of work; let him know that you have these books and have mastered them. When any medical director refers you to their local agent, you may call on him, if you like, but generally such companies as permit their solicitors to select their examiners are not those which yield the greatest benefits to the policy holder or reflect much glory upon their examiner. The field is open and growing, and will prove profitable to those who enter it properly equipt and who energetically follow this specialty.

Business Talk to Doctors.

I must again ask the members of our big "family" to kindly not ask nor expect private advice or information by letter concerning specific investments. This for two reasons: First, if I were to undertake this kind of service, you can easily see that 25,000 doctors could keep me so busy that I would not have time for anything else—perhaps not even for sleep. "Stamp inclosed for reply" is always a courtesy when a favor is askt, but that does not relieve the pressure.

And in the second place, I do not try to nor pretend to "keep a tab" on the various investments of the country, solid nor otherwise. I do not keep a list of the same; nor do I undertake to give commercial reports. Some ask as to the reliability of so-and-so, "who are in your own city; so-and-so are the officers. You perhaps know them, or their standing, or can easily learn." Please relieve me from such tasks—they are very time-consuming, if undertaken. And I do not pretend to have any special knowledge of investments floated from Philadelphia. My associations are not with the speculativ classes. So do not expect me to have special knowledge of an enterprise because it is floated from Philadelphia. It would require about all my time to keep posted regarding such things.

What I have attempted to do in these Business Talks is very modest. I saw that the profession was being despoiled by the grossest frauds, and I felt it my duty to point these out (not a difficult task), and to establish a few safe principles for investment—and neither is this a difficult task, particularly with the aid and experience of our astute brethren who frequently come forward.

Many schemes are aimed directly at the medical profession. Then our members in various parts of the country send the proposition to me for my information. When I see that any scheme is trying to work the profession, I find out all I can about it, and report it in these Talks. I could not do more in a private letter.

I am not a banker nor a financial specialist—I have too many other things to do. The service that I am trying to render in this department would perhaps be considered crude and primary by a financial expert—crude because I have occasion to deal only with crude things. Many of the investments offered to doctors would be considered "rank" in financial circles. And

Digitized by Google

they too frequently succeed in getting the savings of doctors, because doctors are as susceptible to the financial quack as the laity to the medical quack. We often say that we must educate the laity against medical quackery. And I am trying in a modest way to educate the profession against financial quackery. We often say that medical quackery is so rank, the claims so absurd, that the laity ought to see with half an eye that it is fraudulent. So with financial quackery. Many doctors do not have even that half an eye open. Some financial quack propositions are presented so well that only an expert can see thru it. So with some forms of medical quackery. And what do we then say to the laity? We say, go to your family physician. And what should we say to the doctor who is tempted, but does not know whether the proposition is sound or not? I have said over, and over, and over again, *go to your banker.* The country banker, like the country doctor—or the city banker or doctor—is not infallible; but he knows a great deal more about investments than you do, just like you know a great deal more about medicin than the laity do.

If I never succeed in doing any more than this one thing: convince the medical profession that it is constantly threatened by financial quackery, just like the laity is constantly threatened by medical quackery, I will be content; and this—only this—will result in saving many thousands, perhaps hundreds of thousands, of dollars to the profession every year. And I can do this better thru these columns than by answering personal letters. However, I cannot be responsible for those who do not read what I offer. I have recently been making a calculation, and I find that about one-fifth—20 per cent.—of the medical profession of this country patronize THE MEDICAL WORLD. This is a flattering discovery, and I appreciate all that it means—and it means much. Any man could well be proud of such a following. But I often wish I could reach *every* doctor; not for the "dollar-a-year," but to save doctors from the financial quacks that have in the past found the medical profession so "easy," and to help make every doctor's home all that it should be in the way of a support from practise, and the old age of every doctor all that it should be—a peaceful setting of the sun, without the presence of the wolves of want and anxiety. The other four-fifths of our brethren whom I do not reach directly, I hope you will reach with the gospel of thrift, and avoidance of financial quackery.

To those brethren who are not content with safe local investments, and who want to consider standard broad investments known to financiers, and who do not wish to confine themselves to the views of their bankers, I will mention the service given by the *World's Work,* perhaps the best of our monthly magazines, publisht at 133 E. 16th Street, New York City, $3 per year or 25 cents per copy. Their "Readers' Service Bureau" is conducted by an expert financier, and answers inquiries concerning investments without charge. A page of questions and answers is publisht in the advertising section in the front part of the magazine, introductory to the financial advertisements, and these questions and answers are given, I suppose, as a sample of their service. As such expert financial service is out of my line, I refer the brethren who wish this kind of service to the above.

* * *

The darky's receipt for a rabbit Christmas dinner begins this way: "First catch your rabbit." And the way to build up your personal prosperity is to first collect what you have earned. Neglect of this leads to a tremendous loss by the medical profession every year. I have been hammering on that subject so long that I am ashamed to continue it; but I am convinced that there are yet many who are careless and neglectful, so it is my duty to continue hammering. Here is something encouraging. Dr. C. H. Dobson, of South Ashburton, Mass., writes:

> I tried your letter in the Jan. issue and am more than pleased at the way my bills are being paid this month.

If 25,000 other doctors had done the same thing, there would be 25,000 other "hearts made happy," and the amount of money put into the coffers of our readers would be—well, I will leave it to you to make the calculation. As I said last month (page 51) "You can lead a horse to water, but you can't make him drink." All I can do is to show you how; if you don't *do* it, you can't expect the results. It does not seem that the profession is willing to take up with the collection letter idea. Why? Too lazy? Too neglectful? Doesn't believe in it? Try it and see. That is the way that the collection agencies operate, and you can do it better for yourself than they can do it

Digitized by Google

for you, and at first cost and no complications. Go to your printer with the letters in Dec, Talk, and in Jan. Talk (page 4), and he will help you get up a set for your own personal use, and do the printing for you. I could write letters for you by the dozen; but if you won't use them, what's the use? Here is one for use just now:

Mr ———:

DEAR SIR:—Winter is almost over and spring is coming. Winter is a hard season on doctors. No time for collecting—you are expected to attend to that. The doctor gives his first attention—and all his attention—to the service of his patients. But he must live, like other mortals, hence he has needs. I inclose statement of your account. What can you do for me—I have done my best for you. May I expect a settlement this week? Yours for service, — — ———.

There is nothing remarkable about this letter, but it will usually bring the money, and that is what you want. Have the letters printed, perhaps with typewriter type, and fill in and sign with pen. If you are busy and tired, get a bookkeeper from the bank or one of the stores in town to help you for an evening or two. And be sure to deliver thru the post office. That is the dignified and effectiv way.

In the accumulated monthly pile of letters, the first I pick up is a long letter from a brother whose subscription has run a year and he is unable to pay it. He is now in bad health, and he explains his plight this way: *"I have been too easy.* I can see it now." He further says: "I see around me families living in luxury who owe me money." If he had used collection letters as above and in former issues suggested, he would have gotten most of that money, and gotten it easily. I canceled his account and ordered the subscription department to continue WORLD gratis for six months longer, and wrote him a nice letter. I mention him here as an example—"horrible example." *Don't* "do likewise." And instead of saying "been too easy," say, been too neglectful; or too careless; or too foolish; or too lazy; or didn't know how. To say "easy" is putting it too mildly; it is a sort of way of excusing yourself in a praiseworthy manner, when it was a case where the blame was chiefly your own. By reasonably intelligent and tactful methods you can save yourself from the plight of this unfortunate brother when ill health comes to you. Take this to heart, brother, and become a skillful collector. Don't be afraid of hurting your practise. Those who do not want to pay when treated nicely, you do not want their practise. If you manage the matter with skill and dignity, they will either pay or be ashamed of themselves—too ashamed to be your enemies. And those who pay will be better friends than ever to you; for a man feels better, likes himself better, after he has paid his doctor bill, and he will like you better, too, and he will recommend you to his friends. The old legend, that you must not mention money matters, and let running accounts drag along for years and years, is entirely out of date. It is ruinous to the profession, and the best people do not like it. This is a business age; and the people feel better when they are treated, courteously, in a strictly business manner.

The next letter that I pick up is this one, from a Mo. brother:

In regard to your Business Talks to physicians, I want to say that we receive much instruction from these articles. Especially are we interested in those upon *methods of collection.* This I believe is of vital interest to every practician of medicin. If there are any so blessed as to have to give this side of the business no thought, they will certainly be considerate enuf to appreciate their good fortune along this line, and bear with your brief comments to what I know to be the vast majority.

By all means give us all the practical points you have at your disposal, consistent with your space and time. Tell us how you deal with those who have the habit of chasing from one doctor to another in the midst of a given case, and having one doctor one time and another one for some other member of the family or for the same one at different times. I used your set of letters preceding the holidays with some good effects. I would like you to give others from time to time. I assure you they come right to the hearthstone of the great mass of physicians.

That's just what I was talking about. And as to those who "chase from one doctor to another," etc., ethical doctors will see that no injustice is done to one of their number; and as to changing doctors (in an ethical way), that is a patient's privilege—*if* he keeps square with his numerous doctors. If he doesn't keep square, it is the fault of the doctors; and if he is required to keep square with them, he will not change so much.

❦ ❦ ❦

Now let us turn to the other phase of this subject—let us assume that you are managing your collecting all right; now, how about investments? Dr. Charles W. Murphy, of Salem, Ind., sends this illuminating letter:

In Salem, a town of 2,000 inhabitants, are ex-

Digitized by Google

emplified, as elsewhere, the old saw, "A fool and his money are soon parted"; as well as the accuracy of Barnum's astute observation, that the American people like to be humbugged. I know of over $50,000 invested by business and professional men, most of them practical, hard-headed, successful business men, within the last ten years, thru the allurements of sharp, cunning agents, in copper, zinc,, and gold stock of mining companies in Arizona, Colorado, and Montana. I have recently made diligent inquiry as to whether any dividend had ever been received by any of these investors, myself one of the number, and their replies show not a single dollar has ever been received in return. What we need is federal legislation so strict as to wipe out this large army of unprincipled rascals, who are living on fat salaries self-appropriated from the funds of a too credulous public, investing its money in so-called mines which usually have no more ore in them than the sands of the sea.

I don't see that I need to make a word of comment. This statement speaks for itself so clearly that words of comment would stand in the shadow. The question is, will doctors read and heed? I have several letters here about mines. Julian Hawthorne is on the track again. You perhaps received his "Secret of Solomon," and his "follow-up" letter and circulars about more mines in Canada. Alluring? Yes. But he says not a word about the mines that he was promoting a year or two ago. Who knows how they turned out? A brother asks about the Double Eagle and American Eagle Nevada Mining Company. For reply to these and to all other mining inquiries, I will simply point to Salem, Ind. An Ontario brother sends me a copy of the Toronto *Saturday Night* for January 15th, giving "The Amazing Story of the Financial Operations of George H. Monroe." It reads like a dime novel—so exciting, incredulous, preposterous; yet it is true. And it was all done among the "solid," "unimaginativ" citizens of Toronto. The Bartlette Mines in Gowganda, the very district in which Mr. Hawthorne is now operating, was one of the schemes upon which Mr. Monroe raised so much money, all of which was lost by the investors. I do not wish to compare Mr. Hawthorne with Mr. Monroe, but I don't think any of the Bartlette Mines investors could be induced to put any more money into Gowganda mines. The paper above referred to gives a picture of smokestacks and boilers in the process of burning coal that cost $100 per ton landed at Gowganda. Can Mr. Hawthorne land coal there any cheaper?

Dr. W. H. Mayne, of Los Angeles, Cal., sends me a newspaper clipping which I here reproduce:

CRITICISM BY REALTY BOARD.

SPECIAL COMMITTEE REPORTS ON EUCALYPTUS.

ASSERTS AMERICAN FORESTRATION COMPANY IS NOT IN POSITION TO MAKE GOOD TO INVESTORS CERTAIN REPRESENTATIONS AS TO THE SUITABILITY OF THE LANDS ADVERTISED FOR TREE GROWING.

A special committee of the Los Angeles Realty Board yesterday obtained the approval from the Governing Committee of that organization to reports setting forth in detail the charges made against the reliability of the American Forestration Company under the probing scalpel of investigation. Many of the allegations are of a serious nature and affect conditions vitally interesting to recent investors in the company under fire.

The committee alleges that, in its opinion, the American Forestration Company, which has recently been engaged in an extensiv advertising campaign in the exploitation of eucalyptus lands in the San Joaquin Valley, is not in a position to make good to investors certain representations as to financial ability and as to the suitability of the lands advertised for eucalyptus growing.

A pamphlet entitled "The Miracle Tree," issued by the forestration promoters, is especially obnoxious to the investigators. Under the heading, "Profits" in this pamphlet, the United States Government is quoted as saying that: "The present value of a ten-year-old tree on the stump is $5," and that such trees are worth $3,000 an acre. This the executiv secretary of the State Realty Federation, which is credited with having been the first to call the attention of the advertisers to the "tallness" of their stories and to warn them of the wrath to come, declares is not true.

Under "Risks" the company is said to advertise that eucalyptus will "not burn as a growing tree" and is hence immune from forest fires. It is further avowed that eucalyptus never "dies a natural death." Both statements are nailed by the committee.

It was reported from the offices of the local realty board yesterday afternoon that the company under the lash repeatedly declined to reply to requests by the State Federation to desist from flagrant misrepresentation. The first reply of any kind from the company is said to have been the verbal one: "that it had nothing further to explain than was already explained in its pamphlets."

On December 28th the committee received a letter in which the company admitted that certain inaccuracies had crept into the pamphlet and attributed these to unavoidable haste in preparation. The company admitted that its statements had been objected to by John H. Hatton, Acting District Forester, and suggested its willingness to insert in the pamphlets for future issue a page entitled "Corrections."

The probing into the financial status of the company was conducted locally by the realty board. It is declared by the committee that one of the officers of the company admitted on the 3d ult., that the company had no money to start with; that about $6,000 had been spent in advertising; that there was an $18,000 mortgage on the land advertised to be owned and controlled by the company; that it had sold on contract between 300 and 400 acres, and that the "nursery" referred to in the advertising was old and virtually out of use.

That the officers of the company were not to be daunted by the mere bigness of any scheme is strikingly illustrated by a proposition noted by the committee as having been made by the eucalyptus men in November last to the City Council of Los Angeles. This proposal is said to have been to lease all available land along the Owens River aqueduct for the planting of the "miracle trees" to the number of several millions, and to pay $250,000 upon acceptance, an equal amount in one year and $500,000 in two years. This the committee was unanimous in regarding as a rather husky undertaking for a company supposedly without funds.

An Oregon brother asks about a Cuba fruit proposition—$416 for an acre set in orange trees. You know the old saying, "Green are the hills, far away." And it is a far call from Oregon to Cuba. We here hear much more of Oregon apples and other fruit than we do of Cuba fruit. If I were to go to either Cuba or Oregon to raise fruit, I would certainly choose Oregon. And I cannot understand how any one could think of leaving Oregon to go to Cuba to raise fruit. Outside of any climatic considerations, the government of Cuba cannot

Digitized by Google

be said to be stable yet, and the taxing of the property of foreigners might be made oppresiv at any time. Cuban fruit must pay a tariff before it can reach American markets. As for Oregon: its government is the best in the world, because it is *really* in the hands of the people; it is under our flag, therefore its products are subject to no tariff charges to reach any markets under the flag. As to what the railroad tariff is I cannot say; but it is not prohibitory because we have plenty of Oregon apples here in our Eastern markets. Give all these fruit ventures "the go-by," particularly if they are far away. When they offer to sell you *land* instead of stock, that doesn't make the proposition a bit better. When you own an acre or two of fruit land thousands of miles away, are you any better off? Hardly.

Don't scatter your investments all over the earth, however alluring the distant ones may seem. Maybe they seem alluring *because* they are distant. Keep your investments close to you, so you can look after them. If you invest elsewhere, better *go* there yourself.

❦ ❦ ❦

Here is some encouragement, which comes as I am writing this article. Dr. W. S. Rhodes, of Carbon Hill, Ohio, writes as follows:

The Feb. WORLD just received, and in the "Business Talk" I only read as far as Selah, when I said I will write to the Doctor and thank him for the collecting scheme that he presented last year. Doctor, I didn't get to read my journal until too late to use the letters as you had them worded in the Talk, but I took the ideas and formed some of my own, and the results that I got would make a fellow *sit up and take notice. Thank you.*

Every doctor can get the same satisfactory results if he will only put the plan in operation. I am glad that my letters were not copied exactly. Cultivate a talent for adapting the wording to the peculiar needs of your own community or clientele.

Later: After the above was all in type, the following very encouraging communication was received. I will present Dr. Gamble's letter, then follow with his set of collection letters, in fine print, because the substance of them has been presented before. I want to say again that I hope you will modify the letters which I give in any way to suit your local conditions and the time of sending.

DEAR DR. TAYLOR:—I acted upon your suggestions as to letters in December WORLD, but had to commence them January 20, 1910, so changed them only slightly. Some have received No. 3, but not many, as it was not necessary. A great many came and paid upon receipt of No. 1, and No. 2 shockt a greater number of my tardy ones into action than I thought possible, and I find that I have more money in hand at this time of the year than for a number of years previous to this, as I usually have to wait until March and April before they begin paying, for the reason that they spend their surplus in buying Christmas presents and paying absolutely necessary bills January 1st, and as a consequence they do not get to me until March or April.

I expect to continue until I've sent the entire series, and those on whom the last has no effect, I shall turn over to my attorney and force collection if possible, and check them off my visiting list. I advise all my professional brethren to adopt their use, as the results in my case were surprising.

Assuring you of my highest esteem personally, and also for the valuable "gray matter" under your No. 7¾ Stetson, and with continued good wishes for the success of THE WORLD, I remain,

Yours very fraternally, R. A. GAMBLE.
Petersburg, Va.

NOTE:—*All the following letters are printed with imitation typewriter type, including the signature, and the first is printed with blue ink, the second green, the third purple, the fourth black, and the fifth red.*

OFFICE OF
DR. R. A. GAMBLE
(1.) PETERSBURG, VA.

DEAR SIR:
I am sending statement of accounts to date to all my patrons. Please see yours inclosed.
This is an opportune time to attend to such matters, as this is the beginning of the year, and we all want to start the year right. The Christmas season of joy and giving of good gifts has passed, and now we will all be happier if we can look the world squarely in the face and say, "I owe no man."
The beginning of New Year is a time when we want to feel right and start in afresh, and we cannot do it with debts hanging over our heads.
This is not a dun, but only a gentle reminder, and a hint as to how to be happy and to make others happy.
If all will kindly act promptly upon this suggestion, EVERYBODY will be happy.

Yours very sincerely,
DR. R. A. GAMBLE.

(2.)

DEAR FRIEND:
Ten days ago I mailed you a polite note, inclosing my account with you to date. I hope you found it correct.
If there is any question, please call at your earliest convenience and we will consider the matter together.
Nearly all my patrons responded promptly to my first note, and I am disappointed that I have neither seen nor heard from you.
Possibly it was because it was inconvenient for you to see me, as I am necessarily away from my office a great part of the time. I trust that I may see or hear from you during the present week, for I have some financial engagements to meet, and will need all my resources.
If I should happen to be out of the office on a professional call when you come, settlement may be made with my stenographer, who is authorized to receipt all bills.

Yours for a prosperous New Year,
DR. R. A. GAMBLE.

(3.)

DEAR MR. ———:
I have written you twice recently concerning your account with me, but, strange to say, I have heard nothing from you.
Suppose I should treat you in such a way when you are sick, what would you think of it?
However, I will be charitable with you, and will conclude that you have been too busy, or perhaps you have been saving up the amount to bring to me in a few days.
I assure you it will be very welcome, for doctors have as many or more expenses to meet than most other people.
After settling this account you will feel better, you

Digitized by Google

will feel easier in mind, and that will make you feel better in body, and you will also know that when you or any of your family get sick, you can get prompt and willing attendance. This in itself is worth much more.

Confidently expecting to hear from you very soon, I am,

Yours for a square deal,

DR. R. A. GAMBLE.

(4.) ——

DEAR MR. ———:

This is my fourth letter to you about that little business matter. You have disappointed me sorely.

But ——— is nearly here, and maybe you are planning to surprise me on that day by calling and settling your account.

If so, you will make it a happy day for both of us.

Yours with best wishes,

DR. R. A. GAMBLE.

(5.) ——

DEAR SIR:

You have disappointed me all this month, and your failure to call and settle ——— was a VERY GREAT disappointment.

Now the question is, will you also fail to pay any attention to this letter? Will you go thru this month owing this bill? I hope not—I think not. I think you are beginning to realize your duty in this matter. I am going to trust you again; and I am going to hope and believe that you WILL NOT go thru the New Year with this just debt hanging over your head.

Yours for another trial,

DR. R. A. GAMBLE.

Later—again: An Indiana brother, fearing that "You can lead a horse to water," etc., in Feb. WORLD, page 51, sounded a rather discouraging note, writes me a very cheerful and cheering letter, but unfortunately says it is "not for publication," being intended only for my encouragement—for which I thank him, but I must give at least the gist of his letter. He prepared a collection letter from those presented in Dec. WORLD and had it neatly printed, and had that little verse of poetry on page 511 of Dec. WORLD put in the lower left corner of the letter sheet. Here is his letter, so you can see how he made it up from the others and still kept it short:

DEAR SIR:—I am sending statement of accounts to all my patrons. Please find yours inclosed. This is an opportune time to attend to such matters. This is the closing month of the year and we all want to close the year right. A time when we all want to "Read Our Titles Clear." I have some financial engagements to meet, and will need all the resources I can gather at this time.

This is not a dun, but only a gentle reminder and a hint as to how to be happy and make others happy.

If there is any question as to the amount of your bill, please call at your earliest convenience and we will consider the matter together. Should I be out when you call, you can leave the money with my wife, who will duly receipt you.

Yours for a Merry Christmas and a Happy New Year,

These he sent out Dec. 9th. He sent out 150, and the very next morning he began getting results, and are coming yet. About seventy have responded more or less substantially. He would do well to give the remaining ones another, and still another. He says that none got mad so far as he knows. Some said that they had "forgotten all about the small account." He thanks me "for the idea and the inspiration." I thank him for adopting my suggestion and getting such satisfactory results. It is my pleasure to serve the profession and add to its prosperity.

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Massage in the Treatment of Dislocations.

EDITOR MEDICAL WORLD:—For many centuries massage in some form has been used after reposition in dislocations. It will be understood that we here refer only to the simple dislocations; we do not recommend the use of massage when larger vessels are ruptured, even in the simple dislocations—a rare condition, to be sure, but, however, one to be guarded against.

The principal conditions we have to consider after surgical reposition of a traumatic dislocation are:

1. The change in the contour of the joint, caused by the relativ displacement of the articular surfaces. This is often present to some extent after reposition, until a more normal condition of the tissues surrounding the joint is obtained, and is a great guide in the application of mechanical treatment.
2. Contusions of the muscles.
3. Stretched muscular or other tissue.
4. Prevention of muscular atrophy.
5. Contracted or bruised nerves.
6. Stretched nerves.

To make our case clearer we shall select for practical illustration the most common form of dislocation, that of the shoulder joint (if we are to believe Kroenlein, 92.2 per cent. of all cases). We shall not dwell on the diagnosis; every physician recognizes a dislocation by the pronounced change in the contour of the joint and the "elastic fixation" of the limb in its foreign anatomical position. When the slightest uncertainty prevails, the x-ray will quickly settle the question. The author has recently seen a case where the patient was confined seven weeks with a dislocation

Digitized by Google

of the shoulder joint diagnosed as a fracture of the humerus. Perhaps it need not be mentioned that serious and incurable nerve conditions arose.

Now to the practical treatment: Most surgeons prefer to give an anesthetic, and by gentle, gradual manipulation the displaced bone is replaced in its normal position reversely from the way it escaped at the time of the accident. We should start our massage at once, and it need not be emphasized that the operator must know his anatomy thoroly. We must try to cause absorption of all the swelling, with its effused blood and lymph, and we must from the very start remember that the principal physiologic aim of our work is not only absorption, but we must necessarily prevent stiffness of the joint and atrophy of its surrounding muscles.

Professor von Mosengeil was the first one to scientifically prove the great value of massage in effusions in and around joints. He injected india ink into the knee-joints of a rabbit; one joint was treated with thoro massage, but not the other. This was repeated three times, at intervals of two hours, the rabbit being set free between. At the last attempt to inject, the knee that had not had massage would not receive the ink, and was very much swollen. The rabbit was killed, and the swollen knee was found full of ink, while in the knee which had massage no ink was found, and there was no swelling, but ink was found in the lymphatics leading from the joint and in the glands beyond. The muscles on the side that had been treated by massage were black. (Palmer.)

Have some one support the whole length of the forearm, and tell the patient to firmly rest on the same. We begin with manipulations in the form of strokings from the spine out to the nape of the neck, gradually reaching out to the acromion process. Gentle strokings and frictions from the elbow upward will now follow, and the whole treatment should be finished in ten minutes, and should not cause any serious pain. Now we apply our protecting bandages or plasters, so adjusted as to retain the dislocated articular bone surface within its normal anatomical location. The forearm should always be carried in a broad sling, so as to prevent its weight from dragging down the bruised and otherwise injured tissues around the shoulder.

Now we massage the whole arm at least once a day, and we must pay special attention to the brachial plexus, especially so in cases where the patient was dragged for some distance at the time of the accident.

From practical experience, the author has found the quickest and best results by starting some few passiv movements on the second day. They must, however, surely be given "in directions not calculated to bring about return of the displacement." I begin with flexion and extension of the hand. I rotate the wrist. I flex and extend, also pronate and supinate the forearm, the assistant carefully fixing the shoulder joint in the meanwhile. Dr. Hood recommends a pendulum-like movement of the suspended arm from the start. This is now most fascinating work. The patient can see for himself every day the direct result of the treatment, which causes little pain if correctly given. We prevent, from the very beginning, the troublesome adhesions which in so many cases have to be broken up afterwards. And with this modern treatment, applied as described, the author has never seen those otherwise so common and so distressing nerve complications.

The muscles that require special care in the manipulations are the deltoid and the pectorals, and, of course, those which support the shoulder joint: the supra-spinatus from *above*, the infra-spinatus and teres minor from *behind*, the subscapularis in *front*, and the long head of the triceps and the teres major *below*. This latter is the least supported portion of the shoulder joint; hence the many accidents after downward dislocation from careless passiv movements. Let us always carefully study the anatomical condition of the joint, and after the inflammatory state is passed, let us always remember that as far as the muscles are concerned we have two important things to decide: the *positiv* side, i. e., the actual inability of a muscle itself to do its normal work, and the *negativ* side, i. e., the contraction of its antagonists, which may be so pronounced as to entirely prevent normal muscle function.

By this method of treatment we gain half the time, we keep the patient comfortable, and we get a good, strong and normal joint. In many of the compound dislocations, massage is most helpful as an after-treatment, and in some severe "complicated compound" dislocations the

Digitized by Google

mechanical treatment helps to give freedom of motion to the nearthrosis; this is especially the case in dislocations of the hipjoint.

In Europe every physician gives massage to some of his patients, and he does not have any idea that it lowers him in any way; but there the medical colleges all teach mechanical treatment carefully, and every student must pass in this branch. It must come also in this progressiv country ere long, else we shall continue to be burdened with the absurd statements from some extremists who profess to cure typhoid, scarlatina, and variola by mechanical treatment!

KURRE W. OSTROM.

112 N. 16th St., Philadelphia.

Treatment of Fractures and Dislocations.—A Desperate Case of Same.

EDITOR MEDICAL WORLD:—My object in writing this article is due to the fact that so little is written in medical journals about the treatment of fractures.

I herewith relate a recent case: On October 14, 1909, H. H., boy 19 years old, was caught on the shaft of a 20-horsepower gasoline engine making 250 revolutions per minute, and whirled around until his clothing was torn from his body, each revolution causing his feet to strike the ground with terrific force.

Right leg suffered compound fracture six inches below the knee, bones protruding, flesh mangled two inches above and below tear. Left leg broken four inches above the knee joint, with dislocation of the joint. Right arm broken at the wrist. Hole torn in his head; four wounds on body.

Treatment: Right leg was placed on wooden splint; antiseptic pad was placed over the tear for one week; then I applied plaster of paris cast from eight inches above the knee to the toes. Cut the cast at the ankle and attached eight-pound weight to the foot portion over a pulley. Cut out a portion of cast covering the wound and irrigated every day.

Left leg: attached a come-along to adhesiv straps around the ankle same as Buck's extension; had his father pull on come-along while I reduced the dislocation and fracture, then placed on double inclined plane with sixteen-pound weights for three weeks, when I removed weights and put in cast at an angle of 45 degrees. Massaged the thigh and leg every day and manipulated knee gently.

Right arm: placed on splint for one week, then put in cast for three weeks.

At end of first week both feet turned a dark green, which caused us grave apprehension I assure you, until I thought of the teriffic pounding they suffered with each revolution of the shaft.

Time in bed, six weeks; walkt on crutches three weeks; and is now walking with a cane with about one-quarter inch shortening of left leg, which I think he will overcome.

To recapitulate: Don't try to treat fractures of leg where both bones are broken without Buck's extension and enuf weights to overcome any shortening.

A come-along is a tool used by wiremen to draw telefone and telegraf wires taut, and can be made with two double awning pulleys and ten cents' worth of manila rope. Advantages: you can get powerful extension without any injury, and also allow you both hands to manipulate broken bones in reduction. Massage after one week is of inestimable value.

Don't allow any cast to remain on over one week. If a limb is going to be crooked or short, correct it early. Frequent slight manipulations of joints near fractures do no harm, and give patient much comfort.

Your January WORLD certainly is a "cracker jack." I hope every issue will equal it.

Would you advise an operation for removal of gall stones in a woman 75 years old? JOS. A. LOWE.

Pleasant Prairie, Wis.

[Glad you like January WORLD. How do you like February? Your use of massage in the treatment of fractures and dislocations, and your early use of passiv motion of joints after dislocations, and as early activ use of joint as possible, show that you are "up to snuff" and ahead of most of our leading authorities in the treatment of these classes of cases.

As to operating for gall stones on a woman 75 years of age, that depends on a variety of conditions and circumstances. We would advise operation unless positivly contraindicated—and the age is not necessarily a contraindication. The suffering caused by the passage of one stone may be as severe an ordeal as the operation. Therefore it is very desirable that such suffering should be stopt.—ED.]

Digitized by Google

Spinal Cause for Distant Pain.

MY DEAR DR. TAYLOR:—Reading the Feb. WORLD takes me back to 1907, when I read a short paper upon those spinal complaints (or rather those complaints due to some spinal irritation), and I think would apply to many of those cases now under discussion. Paper inclosed.

M. W. LANG.

[Here is Dr. Lang's paper, which was read before the Warren County Medical Society, Lebanon, Ohio, and publisht in the Cincinnati *Lancet-Clinic* for Jan. 19, 1907.]

Rachialgia.

BY M. W. LANG, M.D., C.M., RIDGEVILLE, OHIO.

By rachialgia or spinal irritation I do not allude to that condition used synonymously with neurasthenia, and which is employed by some authors to designate "an exhaustion of the nervous system occurring in a peculiar type of constitution, the neurotic temperament." Neither is it a neurasthenia spinalis, a functional nervous weakness of the spinal cord as spoken of by H. Bastian.

In order that we may have a clear conception of this condition, you will pardon me if I give a short outline of the conditions already referred to, so that we may arrive at a diagnosis by differentiation.

In neurasthenia we have a nervous exhaustion often associated with the emotional and fanciful women, and the illness can often be traced to some previous illness or trouble, which has greatly affected the nervous system and is a gradual outcome of greatly deteriorated health. No distinctiv or invariable symptom can be mentioned, but eventually there is a gradual inability for any exertion, a constant feeling of weariness and fatigue, until at last all effort is given up and the patient takes to bed, and we have what is usually called nervous prostration.

In so-called neurasthenia spinalis we have a condition coming on obscurely, and not as a sequence of some previous illness or shock; still, the symptoms resemble those we see in a person convalescing from some febril illness—easily fatigued from mental or physical work, also vague pains may be felt in the muscles of the back, coldness and numbness of the extremities, but usually no tender spots in any part of the spine.

In rachialgia, or spinal irritation, which is the subject of this paper, we have an affection which has a *real* existence, and which deserves a special name. Altho it may be closely allied to, or caused by, various organic or functional nervous diseases, it is a special spinal complaint, characterized by a morbid excitability of the sensory spinal nerves, manifesting itself by spontaneous pains and by tenderness of the spine under pressure, or when the affected parts are moved.

One reason why I have chosen this subject is because it is a complaint not always recognized, even when present, by the physician.

It occurs mostly in women—altho not necessarily in those of a nervous type—from eighteen to forty-five years of age. I have seen it in a lady aged sixty-eight I have never seen a case in a male out of eighteen cases in my own practise. It is caused by excessiv walking or driving, abuse of sexual intercourse, and severe febril diseases, and in many cases no exciting causes can be found. Hammond claims it to be an anemia of the cord.

I will now take up the symptoms. There are two distinct groups, one composed of local morbid manifestations and the other due to distant ones. These vary according to the location of the rachialgia. It may occur in any of the special regions, and the most important and noticeable symptoms of spinal irritation occur in distant parts of the body.

In cervical irritation we have a great many referred symptoms—headache, principally in forehead; noises in the ears; severe pain in face, neck, and shoulders, in chest and upper limbs; spasmodic cough and dyspnea, fainting spells and palpitation of the heart.

In dorsal irritation, which is the more common, we have the stomach as the principal seat of disturbance, as pain, pyrosis, eructations, nausea and vomiting, infra-mammary and intercostal pain, and dyspnea.

In lumbar irritation we get neuralgia in lower limbs, myalgia in lumbar and abdominal regions, spasms of neck of bladder, ovarian and uterin pain. Sometimes more than one region of the spine is affected at the same time; then, of course, we have symptoms characteristic of all the regions affected.

In spinal irritation there is that essential and ever-constant feature of tenderness over that part of the spine affected. Its existence, however, might not be found out if only questions were asked, or a cursory examination made, as the patient may not be aware of it. And this is why I ask to call your attention to it. A patient may come to you complaining of severe gastric pain, with eructations and nausea, and says she has dyspepsia; or she may complain of a sharp stitch like pain in her side, unable to take a full breath, tells you she has pleurisy, or pains in shoulders, or behind the sternum; has a distressing cough, with shortness of breath, with pain in her side. and tells you she is afraid of consumption. Or she may come to you complaining of neuralgia in her face, throat, or arms. You prescribe and take her version of the diagnosis to be true, and when she comes back in a few days and tells you that she is no better, and that the medicin did her no good, we wonder why it should be.

I want to say here that we are not, as a rule, as careful as we should be in our examination of patients. We prescribe oftentimes without examining, when if we had examined we would change both our diagnosis and our prescription. We take for granted too much. We allow our patients to make the diagnosis instead of ourselves. I want to cite a case that occurred in my practise a short time ago.

A lady, aged forty-four, came to me complaining of a severe pain in her right side, unable to take a full inspiration, a distressing cough, insomnia, unable to sleep after 1 a. m., weak, unable to do any housework. While she was sitting on the chair I noticed that she kept her back from pressure. She said she had pleurisy and wanted to know if I could help her. On questioning her I found she had been prescribed for by several other doctors for pleurisy, neuralgia, rheumatism, and dyspepsia during the past eighteen months. I suspected spinal irri-

Digitized by Google

tation, and upon going down the spine found the upper two dorsal spines very tender, and upon pressure producing every ache and pain she had had for the past eighteen months. Her stomach also rebelled on being attackt from the rear, and she deposited her breakfast upon the office floor.

Of course, the aches and pains of all our patients who come to us cannot be laid at the door of spinal irritation, but many do, and they —the pains—rejoice and are glad because we have failed to find their fountain head.

Treatment: Of course, the first thing to do is to remove the cause, if you can find it. Anemia is usually a prominent symptom, and demands good food, arsenic, iron, etc., but internal remedies are certainly less important than external means. I use counter-irritation, usually apply a small blister over the tender spot, or tincture of iodin often serves the purpose well. Sometimes very hot water answers admirably. In obstinate cases the actual cautery, used at a white heat, has acted beneficially.

In closing, I wish to state that I have given a very meager account of this affection, but I have simply stated the facts that have been elicited by clinical examination, and if I have thrown any light upon the subject, or instilled into your minds a resolution to more closely examin all patients who consult you, and especially to examine the spine in cases of vague pains of doubtful origin, I shall feel amply repaid for my feeble effort. I thank you kindly for your attention.

[Manual (hand) treatment is better than the application of counter-irritants, tho the latter are much better than nothing. Manual treatment will better smooth out the contracted deep muscles, which frequently, perhaps, cause, or at least continue the condition.—ED.]

Concerning Pellagra.

EDITOR MEDICAL WORLD:—The comparativly recent "discovery" of this disease in the United States must interest all progressiv physicians. Its literature is expanding rapidly, cases being reported from nearly all parts of the country, yet in spite of the enormous labors of investigators—especially by the Italian physicians—we are still ignorant of its true etiology, its pathology, and its treatment. The estimation that we have among us thousands of cases, the probability of its becoming a problem of national economic importance, and our lack of knowledge of cause and treatment are my reasons or excuses for offering a few words on the subject.

We may concede that the extensiv use of maize as a food is intimately connected with its etiology, whether or not we subscribe to any one or all of the half-dozen "maize theories," for coming knowledge will doubtless reconcile the many cases of the disease among those who have never used maize as a food.

The search for the offending microorganism has so far been without substantial success, and as we of the present age are so thoroly impregnated with bacteriology that our vision is often obscured and narrow, it may be profitable if we take a glance at other possible solutions of the problem.

As a student merely—for I have not yet observed the disease—I would place pellagra in a class with scurvy and beriberi. I would consider it a nutritional disorder rather than as one due to a specific infection. We are well aware of the profound disturbances of metabolism due either to an excess or a deficiency of the inorganic constituents of our food. The infant becomes scorbutic from a deficiency of lime, and beriberi is probably due to a deficiency of potassium. The search for the specific germ of the latter disease has been as unremitting and fruitless as in the case of pellagra, yet this terror of certain countries where rice and fish form large portions of the diet has been all but eliminated from the Japanese army and navy by better balanced rations.

Since maize is recognized as the principal etiological factor in pellagra, let us see if this grain differs essentially from our other food grains in chemical composition. The following table is taken from a letter by Dr. John Aulde, of Philadelphia, publisht in the New York *Medical Journal*, December 4, 1909, vol. 90, page 1142.

PERCENTAGES OF LIME AND MAGNESIA IN THE ASH OF THE GRAMINACEÆ.

	Lime.	Magnesia.	Preponderance of Magnesia over Lime.
Barley	2.48	8.29	3.2621 times
Oats	3.70	7.70	2.08 "
Wheat	3.30	11.75	3.056 "
Rye	3.47	15.82	4.056 "
Maize	* .57	13.60	*24 "

*This table shows the very great deficiency of calcium in maise, and the markt excess of magnesia in proportion to the lime content.

From the above table may we not assume that the use of maize as the main article of carbohydrate diet leads to a deficiency of lime and an excess of magnesia? that the lime content of the nuclear proteid is depleted and is replaced by magnesium? There is abundant proof that calcium is absolutely

Digitized by Google

necessary to all life above the scale of bacteria, fungi, and the lower algæ, while a deficiency of lime and an excess of magnesia leads to disease and death.

We may also accept as fact the proposition that diseased or spoiled grain is a material factor in etiology, aside from the deficiency of lime. Doubtless such grain contains certain toxic substances which have much to do with the gastro-intestinal irritation which always precedes the skin and nervous manifestations on which we at present largely base a diagnosis.

The present fearful mortality may well lead to a belief that we recognize the disease only occasionally, and then in its terminal stages; and that the futility of treatment may well be due to such organic changes as preclude the possibility of recovery. If the claim, by those who seem competent to speak, of thousands of cases in this land at this time are true, it must equally follow that this has been true for a long time past. There must be many cases in the early stage which go on to spontaneous recovery thru change in diet and other factors, while others are in the hands of physicians and are being treated for some of the various forms of gastro-intestinal disorder, neurasthenia, etc.

Since calcium (I prefer the lactate or citrate) may in numerous cases of simple anemia be far better for the patient than iron, since it gives such excellent results in rachitis of children and gastro-intestinal disorders of infants, may we not conclude, in view of what has been shown above, that this element may be an important factor in the cure of pellagra?

Fulda, Minn. EMIL KING, M.D.

CORN AND PELLAGRA.

D. R. Silver, Sidney, Ohio (*Journal A. M. A.*, February 5th), says that, respecting pellagra, two statements can be made rather confidently: (1.) Where corn is not eaten, pellagra does not exist. (2.) The eating of good corn or cornmeal will not produce pellagra. The latter proposition, he says, is self-evident; otherwise the whole West would suffer from the disease, whereas it is more prevalent in the southern and Atlantic border States. The only wonder is that it did not appear or be recognized sooner. It is evident that the poorer people of the south and Atlantic border States furnish the greater number of victims. Well-to-do people may get damaged cornmeal when it is kept in stock, but to a very much less extent. It is sent to the South and south Atlantic border of our country with the purpose of finding a market which it cannot obtain in the North or in regions where it is generally grown. He produces a letter from Mr. Thomas C. Marshall, ex-President of the Ohio Grain Dealers' Association, which contains some interesting statements. It says that much grain reaches the market heated and is sent to driers and much of it gets to the mills, tho in bad condition. These driers are situated at the terminal stations—Philadelphia, Baltimore, Buffalo, Cleveland and Columbus, Ohio—and the South and East is an excellent market for their products. Much of it is also exported. The millers make their profit by mixing it with good corn and will probably continue to do so until restrained by law. Those to whom cost is of more importance than quality are the consumers and they pay the penalty. Silver says whether the inferences in this letter are correct of not, the facts can easily be made known by the Public Health and Marine Hospital Service, and if the charges are sustained steps should be taken immediately to stop the traffic in spoiled corn. He says also that it is worthy of thought whether the policy of purchasing supplies for public institutions by the method of competitiv bidding is not fraught with great danger. Purchasing in the open market as need requires would be much safer. It is possible that to the policy of competitiv bidding may be traced the prevalence of pellagra in some asylums and schools. At a Baptist orphanage at Nashville, Tenn., there were seventeen cases, and the physician in charge says that there was every evidence that the disease was contracted in the institution.

A Normal Thermometer.

EDITOR MEDICAL WORLD:—By way of introducing the subject, let us ask ourselves why we use a thermometer—what we learn by it; and then lastly, how best to attain that object. A machine, from the engineer's standpoint, is gauged by its accomplishments and its simplicity. To simplify is to gain time; and not only time, but activ cerebration during that moment. The reason that the Editor of this journal eliminates the horrid "ugh" from *tho* is this: it saves time, work, and material (besides conforming to true philological standards, which does not concern us here).

The human body among Aryan (*please* do not say Caucasian) people maintains a certain fixt temperature during health, whether one is hunting for the pole or the equator. When the temperature falls below that normal, a number of changes take place; the condition of the constituents out of which the body is constructed changes, no matter how little. I will not use the technical words cells, fibers, plasma, etc. Let us go back to the grosser nomenclature and think clearly on the *whole* subject without differentiation. The change of temperature causes chemical and functional changes. Low temperature also retards the normal changes, high temperature accelerates these changes. The chemical changes are important, as notice the inability of the

Digitized by Google

stomach to digest ham and eggs in high fever.

I presume most of the readers remember the old family doctor and how he ascertained the temperature by laying on of hands, or by reckoning the degree by the pulse. I am not so sure but that I would rather prescribe for the condition of the pulse than the condition of the thermometer alone. And yet, I have tried, now and then for years, to estimate the temperature by the pulse rate, and failed. I would put the thermometer under the tongue, and while it was "working" note the rate and condition of the pulse. I count one whole minute. It is time well spent. Tho the calculation is easy from half or quarter minute, yet now and then I would have, by that method, missed a twist in the heart action.

We moderns use a clinical thermometer based on—well, on what? I presume *some* use, or are familiar with, the centigrade scale. Then I would say, based on boiling water at one end of the scale, and the other on—in case of the centigrade, freezing water, and in case of the Fahrenheit, on a little experiment a physicist made about a century ago with ice and salt. He imagined that as an absolute point. There is no one absolute point in Nature, as far as our senses are concerned, unless it be the normal temperature of a white man. And I am not sure about the normal temperature of the whites in the tropics, like Ceylon. I would like to hear about that. Also, I wish some one having a knowledge of animals would give us the normal temperature of cats, dogs, cows, horses, etc.; yes, and poultry, too.

Whether the normal temperature of the races is the same or not, I will presume that we are mostly interested in the Aryans in Europe, and their descendants "wherever dispersed." I believe this people has a stable, normal temperature. But we do not yet know how to record that. Nine-tenths of the clinical thermometers in use in English-speaking countries are markt by the most barbarous scale ever invented by the permission of rational beings. I defy any reader to cite a worse scale. Even DeLisle's scale of boiling water zero and freezing water 150° would be more convenient in every way than the Fahrenheit. And even the manufacturers of these tubes can't agree on the exact point to mark the normal temperature. Some have it at 98.4°, others at 98.6°. Who is right? Or does any one know? It looks pretty to use 98.6°, for by subtracting 32° we get 66.6° above the freezing point of water at sea level! It also comes out even 37° C. by dividing by 1.8 (or multiply by 5 and divide by 9). So we see that 98.6 looks better to the mathematical eye. But does it represent the truth?

And now let me ask all freemen, is there any known relation between boiling and freezing water at the sea level or anywhere else, on the one hand, and the temperature of the human body? And if there be, be kind enuf to demonstrate for a Missourian. Water was used because it is the universal fluid; but it has no relation to the temperature of the blood. Each country uses its own longitude, the latitude being fixt by the equator. The longitude is only an arbitrary method of dividing the spheroid. No matter where you start, it amounts to the same thing. Supposing Uncle Sam would start in Germany—where all ideas must start in order to pass as scientific—and number his degrees of longitude, would it change the result? Not at all—only it would be very inconvenient to have to carry a lot of dead figures in every computation; for dead they would be, since our longitudes have no relation to those made in Germany.

Here we have the exact condition of our method of recording temperature. Because water freezes at a certain temperature, we must carry those dead figures up to the human temperature. Is it not absurd?

What does this lead to?

Fix the human temperature at zero, then use plus or minus. Use the centigrade scale, as the tenths of either scale are small enuf. I challenge nine-tenths of all practicians to answer me within ten seconds, when I ask: How many degrees fever had my last patient, at 102.1°? Most of us require a pencil and paper to "compute" it. Now the normal scale at zero, and markt by the centigrade scale, would be + 2° (and a little more). Or by omitting the plus sign as understood, and only marking the minus, we would record thus: temperature 1° (100.2° F.), 2° (102° F.), 3° (103.8° F.), 4° (105.6° F.), 5° (107.4° F.). And the centigrade thermometer, which is used all over the civilized world, with the exceptions above stated, would record the above five readings thus: 38°, 39°, 40°, 41°, 42°. In the above list I

Digitized by Google

used as normal 98.4°, except the first puzzle. Let me ask every reader this question: What is the ratio between the temperature to-day at 99.7° and yesterday at 103.8°? What is the ratio between a temperature of 1° and 2.5°?

I am going to have some instrument maker manufacture a few dozen of these normals, and I am going to give them to my patients, and then I'll know they use them correctly. If I lend a thermometer to a patient, he does not want to give it up, so he offers to pay for it.

Conclusions:

1. Discard the 180° scale and come down to 100°.

2. Discard every temperature but that of the normal human body, and make that zero.

ERNEST BARTON, M.D.

Cooke, Mont.

Exhausted Brain Battery the Cause of Sleep.

EDITOR MEDICAL WORLD:—From experiments recently made at the University of Michigan, it seems that the old-time theory of diminisht blood supply to the brain as being the cause of sleep is erroneous. The cause of sleep has never been definitly settled. But surely it is reasonable and philosophical to attribute sleep to an exhausted state of the brain battery, and it would likely not miss the mark very far.

Nerve ganglion cells in the gray matter of the brain and its connections, generate the nerve force which is transmitted over the nerve fibres of the white matter to all parts of the body, just as electric batteries and wires generate and transmit electricity. The analogy between the generation, distribution, and operation of nerve force and electricity is indeed most striking, and some physiologists assert they are identically the same force. While this may not be literally true, it certainly looks as tho nerve force may be a correlativ force, somewhat similar in its relation to electricity as is heat and light. Electricity, for instance, passing along a large wire is known only as electricity; but passing thru a small wire the force becomes incandescent light and heat.

If an electric generativ or storage battery is exhausted, electric force ceases until a recharge has taken place. We do not know the nature of electricity, nor what it really is; but we do know some of its operations and effects; and by a parity of reasoning, may know something of nerve force so essential to life.

This brain battery appears to be not only a generator of nerve power, but a storage battery as well. During wakeful moments the transmitted force excites to activity mind, muscles, and special senses. When the charge is exhausted, just as with an electric battery, activity ceases, and sleep follows very naturally and certainly. During this period of rest the nerve force is generated and stored by the ganglionic cells, assisted, no doubt, by the anabolic and catabolic processes taking place thruout the body, especially at this time.

Oxygen likely is an efficient agent in restoring the battery. The battery, of course, is not so far exhausted but that force sufficient is furnisht to keep up activity of organic functionation essential to life, otherwise death would speedily ensue. But even these are slowed down considerably, thus giving a partial rest to all organs of the body while the cellular batteries are being recharged.

This process takes place naturally once every 24 hours, and under ordinary circumstances it takes about eight or nine hours to accomplish the purpose. When this is done, the subject as naturally wakes up for further activity as he went to sleep, because of the absence of the life-giving stimulating force of the brain cells.

Indeed, sleep may be likened to darkness—the absence of light—which vanishes with the rising sun. Before this exhaustion of battery comes to a critical stage, the whole machinery of mind and body runs down; a loss of energy comes on, weariness is felt, and often one is not able to keep awake, even when danger threatens. This surely shows the want of this life-giving stimulus, and that rest in its best form—sleep—is of pressing demand.

This theory of sleep, as it is submitted, is plain, simple, natural, and satisfactory, and seems to solve the problem.

Seattle, Wash. B. F. HART, M.D.

Dr. Thos. Buchanan, of Belmar, Ayrshire, Troon, Scotland, asks for the homeopathic treatment for gall stones. Will our homeopathic brethren reply? Perhaps they will say that they have no treatment for gall stones—that they treat every patient according to the indications in each particular case.

Digitized by Google

Systemic Alterativs, or Absorbents, for Fibroids.

EDITOR MEDICAL WORLD:—The familiarity of fibroid growths to the busy practician renders a detailed description, etiology, etc., unnecessary. The following cases may occupy a small space, I trust, between the conservativs and radicals, and will bear looking into, as Lincoln once said of a rat hole.

In May, 1907, I was called in haste to Mrs. J. L. S., of this city. She was in labor, apparently at full period of gestation. Primipara, age 34, nativ of Utah; stout built, nervous temperament. Labor was well advanced, and there was profuse hemorrhage. Delivery was accomplisht without incident, except the fetus was small and the abdomen remained very large. Evidently we had a case of fibroma. This gave my patient a great shock, as her older sister had gone thru an operation for the same trouble.

My suggested treatment was hailed with delight. I prescribed, with little hope of the resulting events:

℞

Hydrargyri corros. chlor.....gr. j
Potass. iodidi .....grs. 320
Syr. stilling., q. s.....ʒ viij

M. Sig.—A teaspoonful four times daily in plenty of water or milk.

There was little change during the first three months, except slight diminution and markt softening of the growth. At four months the unexpected became a serious complication—my patient became again pregnant. I had her continue the prescription, however, for four months longer. Her general health was good. The change in size of the abdomen was scarcely noticeable. A fight was in progress (so to speak) between the normal and the abnormal growths, the former slowly but surely gaining supremacy.

May 2. 1908, she presented her happy husband with a ten-pound boy. Again, on May 29, 1909, this plucky woman became a mother, this time an eight-pound girl. Less tumors and more babes —Utah's trade mark. Climatic influences also come in for their share.

Another case: Mrs. M. R., age 56 years, a typical American, mother of a large family, reared at an altitude of 8,000 feet above sea level, where she has made her home during the past 35 years. Her health was good until about four years ago, at which time she had an attack of influenza and resulting complications. Most alarming was the appearance of a growth on the anterior aspect of the stomach, covering about one-third of that organ, and firmly attached. She, being much alarmed, sought advice from many of our best physicians, who gave it as their opinion that she must go to the hospital where an operation would be necessary. Cancer was suggested—an unfavorable prognosis as well. Her condition was pitiable. When I first saw her in April, 1908, she was in a state of collapse. As soon as admissible I gave her the same course as case above, with best of results. Six months obliterated the growth, and she is well and happy. I am indebted to Dr. J. A. Hauser, Indianapolis, for suggestions in these cases.

DR. J. MILLIRAN.

Salt Lake City, Utah.

The Spread of Infection by Means of Eating Utensils.

EDITOR MEDICAL WORLD:—For a number of years I have been making independent investigations along the line of hygiene that have an important bearing on the prevention of tuberculosis, diphtheria, and other infectious diseases.

A number of years ago, when I was in charge of a private sanatorium, my milk man said he could not furnish milk the next day, as his wife was dead. On investigation I found his wife had died of tuberculosis, and that this was the ninth of the family who had died of tuberculosis. I personally inspected the cows, which showed every indication of being infected with tuberculosis. After sorting out thirty-five of the worst, the balance were tested and five were tubercular. The family did not use milk, and therefore the question of their infection from bovine tuberculosis is eliminated, and I was led to believe that the herd of cows was infected from the family, expectorating on the cows' feed. You may put this in italics: *bovine tuberculosis in a herd of cows is most likely caused by some one infected with tuberculosis expectorating on the cows' feed.*

Another family: An eighteen-year-old girl attended the skating rink every night; had to ride home in a cold car four miles and then walk half a mile; "took cold," and had tuberculosis of the lung. I gave her open air and diet treatment, and sterilized all of her eating utensils, knife, fork, spoon, etc., had them washed in a separate pan, had her own set of dishes;

Digitized by Google

and none of the rest of the family took the disease. She recovered. Two years later she began going out nights to the skating rink as before, the old disease appeared, or rather she again became infected—I think the latter. Without again coming to me she began the open air treatment again, on her own account, forgetting, however, to sterilize her eating utensils. Three months later the father, mother, sister, and a boarder came down with "chills and fever" that proved to be tuberculosis. It is interesting to note that the boarder, just ninety days after coming to this family to board, was too sick to work.

One more case: Two years ago I was called to the south part of the city, and as I entered the front room found a man 50 years of age dying with tuberculosis. I was told that another doctor was treating the man, and I was to see his wife. The husband was dying of tuberculosis, had been sick six months; they both ate from the same set of dishes, washed them in the same dishwater without sterilizing, and three months before the time of my call she was taken slightly ill with obscure abdominal pains and diarrhea, which had continued worse to the present time. Her present condition: pulse was 90; temperature, 102; abdomen distended, enlarged, hard, and painful with deep pressure; liver enlarged a hand's breadth; spleen enlarged; all other organs apparently normal. Diagnosis: acute tuberculosis of the intestins, mesentery and liver, acquired from eating from dishes infected by her husband with tuberculosis. She lived less than three months, dying of general tuberculosis. Without reciting any more cases I will state that I have in twenty years' practise known of only two instances where the attending physician caused the sterilization of the eating utensils in treating tuberculosis and other infectious diseases.

I have taken pains to investigate in four medical colleges, and in none of the four was sterilization of the eating utensils in tuberculosis considered of enuf importance to teach it in these schools.

I have tested the value of this hygienic measure of sterilization in diphtheria with astonishing results. I will relate one case as an illustration: A mother and a thirteen-year-old girl were prostrated with typical cases of diphtheria. I explained to them how necessary it was to sterilize their eating utensils, and showed the nine- and eleven-year old daughters how to care for the patients and to sterilize the dishes. I gave the two little girls nothing to prevent them from taking the disease, and they did not acquire it. I have many other cases I could report.

I have workt these "stunts" so frequently and with such splendid and uniform results that I may be called a crank on sterilization, especially of the eating utensils; and I predict that as soon as physicians take up this question and revolutionize the kitchen methods, and apply there the methods of modern sterilization as practised by the up-to-date physician in his office and in hospitals, we will with one blow knock out 50 per cent. or more of all infections from tuberculosis and other germ diseases. I am satisfied that this is of more importance than all other means of prevention taken together. What up-to-date surgeon would dare to use any instrument after putting it in the mouth of a patient infected with tuberculosis, with such a makeshift cleansing as is given to the dishes in the average kitchen or hotel? Doctors will do well to quit making a scapegoat of the cow as a means of infection, and go into the kitchens of the patients and show them how "to clean up and keep clean," as Dr. Abbott says.

M. H. EVANS, M.D.

Joplin, Mo.

Graphic Description of Novel Method of Reducing Inguinal Hernia.

EDITOR MEDICAL WORLD:—On early morning of January 10th I was aroused from sleep by a woman's voice calling, "Dr. Curry, Dr. Curry! I want you to go at once to see Mr. Cooper. He is bad off. He has been suffering since eleven o'clock last night and he has been talking out of his right mind." Mr. Cooper is a farmer living about three-quarters of a mile from Austin, Ark. I made ready as soon as possible and drove to his house, and on going in, I saw him lying with his hips upon a chair that had been turned down, with a blanket over the chair as a cushion. He was retching, and occasionally would vomit up about one-half to a pint of bile as green as grass. He said, "My rupture came down about eleven o'clock last night, and I have been suffering terribly ever since. I had no one to send for you but my wife, and she would not leave me by myself to go till daylight." It was a left inguinal hernia, and

Digitized by Google

the scrotum seemed as large as a good sized cocoanut. I began trying to reduce or replace that part of the ileum back into the abdomen that was contained in the scrotum, but it seemed to increase instead of decrease in spite of my manipulation. He had an idea if he would lie with his hips elevated the intestin in all probability would draw back into the abdomen; but instead of drawing back, it seemed that all of the gas of the ileum and jejunum (and there was a good supply of it) had gone up into the scrotum.

Well, after making several unsuccessful attempts to reduce it while he was under the influence of chloroform, I concluded to suspend him, which I did by putting two screw eyes in the ceiling, tying a broad bandage around each ankle, then tying one end of the rope in the bandage of each foot and thru the eyes in the ceiling, drawing him nearly to the ceiling and making another attempt to reduce it, and did not succeed.

I had begun to think very strongly of using the knife, but concluded before I did to make an altogether different effort from anything that I had done or had known of being done in like cases. I used a quart fountain syringe with a high rectal tube and warm soap suds. I gave a high enema, rubbing up the descending colon on the left side of abdomen, over the transverse colon, and down the ascending colon into the ileum. In a few minutes fecal substance came in abundance, with the soap suds, a part of which was blown into a mist by gas. All caused such a vacuum that before he could get from the chamber back into bed, the inflation left the scrotum and went back with a gurgle, and our task of four hours and twenty minutes was at an end.

Austin, Ark. DR. J. B. CURRY.

Almost a Charter Member.

EDITOR MEDICAL WORLD:—Inclosed please find a one-dollar bill to pay for THE MEDICAL WORLD for 1910. This makes $26 I have sent you. I subscribed for THE WORLD in February, 1884, and have been a constant subscriber since. I graduated from the Medical Department University of Louisville, Ky., in March, 1880. I have practised medicin ever since. Never was fleeced by any mining or any other scheme; did my own thinking, and acted upon my own judgment. I am now 58 years old. Have saved enuf to buy 150 acres of land with suitable buildings, set 20 acres to orchard, and expect in a few years to retire from the profession and spend the declining years of my life on my farm and in my orchard. God bless the Editor and all of his efforts. I see no wrong in your opinions and views on every subject that you handle. I love the camp meeting and your political talks; so we are one, so far. Long live THE WORLD, the best journal publisht. L. O. JONES, M.D.

Hibbardsville, Ky.

Lessened Local Resistance to Infection the Result of Constitutional Condition.*

To treat disease successfully, we should endeavor to find the specific underlying cause or causes.

In patients referred to me I have seen apparently mild infections of the cornea under what I thought to be as good care as it was possible to give, slowly, steadily spread. These infected corneal ulcers with hypopyon have followed simple corneal excoriations. While healing was apparent in one part of the ulcer, additional cornea was being involved from another part of the ulcer. Why did these simple corneal excoriations become infected? On account of the lowered individual resistance to germ infection. In these instances searching for and finding enlargement of epitrochlear or deep cervical glands or other evidence of syphilis, acquired, hereditary, or congenital, I accordingly put these various persons on anti-syphilitic treatment generally in the form of inunctions of mercury, say 120 grains twice a day, and on iodid of potassium in increasing dosage from 60 grains after each meal, three times a day, to 240 to 480 grains three times a day. I find them to stand this large dosage of iodid of potassium and the mercury well, and as soon as they reacht the local infection, I witnest a slow, constant improvement and cure of the local condition. When the ground for such treatment is positiv, let the dosage be very liberal and the result will be correspondingly good. Whether mercury is administered hypodermically or by inunction, or otherwise, whether the iodid of potassium is given in milk, water, or the like, depends upon the particular reason. I have the urin examined every third day while under this "liberal dosage."

Recently a young man had a perforating wound of the cornea treated by his doctor for one week, which wound did not close; therefore he was referred to me and under proper treatment the wound closed firmly in seven days, the eye was free from inflammation and the man was directed to resume his work in two days. He thought he would rest the eye a few days longer, and to his surprise on the third day after his last visit to my office the eye suddenly became very painful and manifested an infection of the entire vascular coat of the eye. Upon examination I found the deep cervical and epitrochlear

*Read before the Montefiore Clinical Society.

Digitized by Google

glands enlarged, and putting him on mercury and iodid of potassium, improvement set in in a week and continued. Here is an infection of an eye due to germs which entered this eye at the time of the injury, remained latent or nearly so as long as the bodily resistance was sufficiently strong; when the latter became weaker their nefarious action suddenly became activ.

I could go on and cite more instances on this point concerning individual resistance, but believe that the foregoing will suffice. Recently, since we have the Wasserman and other tests, we can daily read of the wide prevalence of syphilis in both males and females.

I believe that we only very exceptionally will get an infection, whether it be in the eye or other part of the body, of a virulent and destructiv germ without unusually strong resistance to the infection on the part of the individual, except where there is a loss of individual resistance; and I would have you believe that this loss in individual resistance is frequently, yes, very frequently, attributable to syphilis, whether it be hereditary, acquired, or congenital. I do not think that a serious operation which is not so urgent that it must be done at the moment, should be undertaken until a careful examination, not only of the urin, feces, sputum, and the like is made, but also a general physical examination with special attention directed to the search for syphilis, congenital, hereditary, or acquired. I feel that if such condition is found, a vigorous and careful anti-syphilitic treatment should be given before operativ undertaking.

In no monograf or special text-book on diseases of the eye have I seen described the importance of this systemic general treatment in these pus-forming and low-infected conditions along the line described above.

While I may have said nothing with which you are not more or less familiar, however the observations which I have made along this line have brought good results, and I would urge you carefully to weigh the facts, believing that you will be well repaid by the better results thus obtained. N. J. WEILL, M. D.

Pittsburg, Pa.

A brother who lives in Oklahoma, 48 miles from a railroad, says there are good openings for physicians in that State for those who are not afraid of long drives and hard country work. He further says that the people are hard up now on account of crop failures last year.

Fireside Surgery.

EDITOR MEDICAL WORLD:—Of all the achievements of modern surgery, I feel that this latest and greatest operation upon the human eye stands out first and foremost, not so much perhaps in difficulty of operating but in point of benefit to blind humanity. After originating and spending some five years in perfecting it in detail by numerous operations and tests upon lower animals, I believe it is now time to make the technic and resulting benefits known to the medical profession.

There is no operation known that is of more benefit to humanity than this one. Think of restoring 90 per cent. of blind people to very good vision, so they may be able to take care of themselves. What a wonderful burden will be lifted from philanthropic humanity! Institutions for the blind will be turned into other uses and the teachers dismissed to seek other employment; and, besides the financial relief to individuals, towns, cities, and states, think of the wonderful relief and blessing to the blind themselves.

Can a physician turn his time and attention to a more important subject? If he labored fifty years instead of five to perfect this wonderful operation and was then only moderately successful, he as well as blind humanity would be truly blest.

It seems that any new achievement or invention of whatever sort is always tabooed at first, no matter what its merits are; but after incredulous humanity has had its say, the things, whatever they are, are usually investigated and studied and, as a rule, are found to possess as much and many times more merit than the author or inventor really expected. For example, look at wireless telegrafy, the telefone, and the flying machine among inventions; and in surgery ovariotomy, appendectomy, cataractomy, and vaccination.

People in general are skeptical, whether it is invention or operation, but soon incredulity is past, and the things, whatever they are, seem as if they had always been, so common have they become and so well understood by the public. But let the profession smile and the public look askance, time and worthiness always bring a decided change upon the face of things that seem as if they could not be.

So it will be with this simple yet wonderful operation; it, too, must pass thru a skeptical period, because of indifferent or misunderstanding people, but eventually it

Digitized by Google

will ride out the waves of prejudice and be establisht side by side with major operations for all time. In looking up the history of great operations, *i. e.*, those that are of the most benefit to humanity in general, I find that the majority of them have been first done by country physicians of only local reputation, working under unhygienic conditions; and driven by stern necessity to give relief if possible, they "dared go in where angels feared to tread," and so thru necessity, common sense, and not being too much overlearned nor burdened by weight of great authority, they have given to the world that which is of inestimable benefit. Do not some of their photos deserve to be hung in the "Hall of Fame"? If not, whose picture does deserve such honor?

Now, as your curiosity is sufficiently aroused to get you interested, I will tell you how to perform this operation and its results, for it is results we are after in all kinds of operations.

The operation consists, as I have already stated, in restoring sight to the blind. I believe it is stated on good authority that 90 per cent. of blind people are made so by the germs of gonorrhea, and the vast majority of these are said to have been born blind, which in reality was only acquired blindness resulting from ignorance and negligence. Ignorance on part of nurses, midwives, and parents, and negligence on the part of physicians. I find in nearly all cases of blindness that all the structures of the eye behind the cornea are normal and healthy, and that it is the opacity of the cornea only that prevents them from seeing. This opacity may be due not only to gonorrhea, but to smallpox, diphtheria, syphilis, and other infectious diseases, and traumatism, etc., causing a nonsuppurativ keratitis and leucoma. Now, if the light could be let in thru the cornea as in normal vision, sight would be restored. This is what I have ventured to do by putting a glass window into the cornea, of the same curvature as that structure is normally, and maintaining it there by a rubber appliance, which not only holds the glass window in place but also prevents the escape of the reformed aqueous humor.

This rubber appliance is not unlike the tin spool adhesiv plaster is wound upon; *i. e.*, it has a neck and an outer and an inner flange. The neck corresponds in length to the thickness of the cornea and the flanges or ends hug the surfaces of the same structure very closely. The inner and very thin end is kept in place by pressure from the aqueous humor, which also prevents this fluid from escaping. The outer one stays by virtue of its stiffness, elasticity, and curvature. The cornea lens has the same curvature as the normal cornea and fits into a groove in the neck of the spool, so it is firmly held in place.

To do this operation no special instruments are necessary, except the knife for cutting the circular opening in the centre of the cornea three and one-half millimeters in diameter, a light small forceps, and I use the strabismus hook to smooth out the inner flange of spool after it is pusht thru the hole made by the knife. Two strabismus hooks are used to hold out the cornea while spool is being put into place. This is done so as not to injure the structures behind the anterior chamber. After the operation is completed, the patient is put to bed and kept there from ten days to two weeks, or until the cut surface is healed. Then he is allowed to get up and gradually accustom himself to light. At first this must be very subdued, then increast as the sensitiv retina becomes used to its influence. Finally, full light can be borne. Then the eyes are tested for glasses and, if necessary, the proper lenses fitted. This should not be intrusted to any unscrupulous optician or traveling quack eyesight specialist, but done by the operator himself or some oculist. At least one physician in each town should perfect himself in the fitting of lenses and attend to the work as it should be done, and not allow the people to be hoodooed and humbugged by spectacle venders who know no more about the eye and the proper fitting of lenses than I do about adjusting glasses to the man in the moon.

After the lenses are fitted, the patient is instructed in regard to the proper care of his eyes and turned adrift to seek employment, a happy individual. He is told to return frequently to have his eyes inspected, as these patients' eyes easily get inflamed and must be promptly treated. So they should be kept constantly under surveillance.

Thus a person is made a useful citizen, transformed as it were from a helpless, discontented individual who has to be guided from place to place, to a happy, contented, self-supporting person. Is there another operation that works such a transformation? Is there one that produces more happiness?

And yet most cases of blindness are pre-

Digitized by Google

ventable—in fact, over 90 per cent. of blind people have acquired blindness. Perhaps not from any fault of their own, but the blame should more times be laid upon the parents, nurses, midwives, or even the doctors, when a few drops of 1 per cent. solution of silver nitrate applied at the right time would have prevented the calamity; just as one pail of water thrown upon the fire at the right moment might stop a city block from burning.

Will the people ever learn this? I hope so. We physicians should tell them and teach them, and continue to preach to them as long as we are allowed to remain above the sod of glad relief.

What should a blind child think of its parents if it knew the cause of its blindness, or of the nurse or doctor if they were negligent of their duty? Is it much worse to deliberately destroy the eyes of an adult than to allow a child's eyes to be destroyed by lack of education on the part of the parents or neglect on the part of the doctors? One would constitute a case of malpractise and a lawsuit, the other only an object of pity and charity.

But it is those already blind that this operation is designed to relieve. In time there will be but few blind people, because people will be educated as to the causes of such conditions and so will take measures to prevent such from happening. Then this operation will be as unnecessary as will appendectomy when there are no longer any appendices to be removed, because after generations of removals they will no longer exist in the new-born infant.

Had I been handicapt by some great German authority on this subject, it is doubtful if I would have dared to strike out from the beaten path of such authority. So let all those who wish to do this operation remember that the only living authority for it is on this side of the Atlantic, and you who would know more of this work need not quit business and take the "Lusitania" for Europe to bask in the sunshine of some fat German surgeon, fully expecting to absorb the technic and results of this wonderful operation without understanding one word he says.

FREEMAN E. BENNETT.

Presque Isle, Me.

[We submitted the above to an eminent oculist, who commented as follows:

DEAR DR. TAYLOR:—The idea set forth by Dr. Bennett is not entirely new. Various men have employed various devices of this sort in occasional cases of blindness resulting from ophthalmia neonatorum. Everything, from glass contact lenses to transplanted corneas (both animal and human), has been tried from time to time. Von Hippel has done a whole series of such cases under varying conditions, and some American ophthalmic surgeons have workt at the problem; but nothing very encouraging has been brought forward. It is a pity that any one should advance an idea in such extravagant language as the writer of this article has done. It is simply holding out hope to many afflicted mortals, who, after submitting to this operation or some kindred one, would be plunged into only greater depths of agony and despair.

If I am brutally frank about what I say, I am devoutly sorry; but I know whereof I speak in this matter, for I have tried one or two such operations myself. They call for a most highly evolved technic and promise very little in the end.

WENDELL REBER.

1212 Spruce Street, Philadelphia.

So, let us be careful in our enthusiasm, and not claim too much, nor make premature claims.—ED.]

The Kelly Pad in Obstetric Practise.

EDITOR MEDICAL WORLD:—I was surprised to see in February WORLD a physician practising in a city like Philadelphia decry the use of the Kelly pad in obstetric practise. The objections given by Dr. Leuf (page 65) are very easily overcome. I have frequently confined a woman and not soiled a single garment nor any of the bedding. If the bed springs are weak, I place a board under the springs and on the side pieces of the bed. I always place the woman on her side for delivery. After the delivery and the toilet of the labor I place a pad, made of steril gauze and absorbent cotton, 18 inches square under the buttocks, and a vulvar pad of the same material is fastened to a comfortably applied abdominal binder. I order the patient to use only steril material for napkins, and to burn them as fast as they are soiled. I have had over 100 obstetric cases and have yet to have an infected case. Further, I know from experience that obstetric patients appreciate neat, painstaking work on the part of both physician and nurse, and that this kind of work gets the practise.

F. A. BENJAMIN.

Stockton, N. Y

Digitized by Google

Paralysis Agitans: Pathology and Treatment.

EDITOR MEDICAL WORLD:—In regard to Dr. Wilson's inquiry in Jan. number, page 32, concerning paralysis agitans, would like to say a few words along a new line of treatment which might be of benefit to him and possibly others. Of course, from the symptoms he submitted, one could not say positivly that he had Parkinson's disease; but we will take it for granted that the doctor is correct in his diagnosis. In Osler's Practise of Medicin, page 1042, is a good account of the disease.

Dr. Camp, of University of Michigan, thinks it a disease of the muscles, a toxemia possibly due to a defect in secretion of parathyroid glands. In examining parathyroids of those dead from the disease, the microscope showed markt changes from normal in these glands. To prove his theory he took monkeys, removed the parathyroids, and got symptoms resembling those of paralysis agitans.

Now as to the treatment, in which Dr. Wilson, of Hope, Ark., is most concerned, will say that it might be well for the doctor to try:

1. *Administration of parathyroid extract.*

2. For quieting muscles, hyoscin, 1-100th grain in 2 drams of chloroform water when tremor is excessiv.

3. These, combined with the valuable suggestions mentioned in your January number, as massage, electricity, etc., might prove of value. In several cases where I saw the parathyroid extract used, improvement seemed to follow.

GEORGE W. GROSSNICKLE, M.D.
N. Manchester, Ind.

Why the Old Doctor is Displaced.

EDITOR MEDICAL WORLD:—The writer has been very much interested in the discussion of this subject. Many of the writers seem to hit the question nicely. To the M.D.'s like myself, who have been in the harness for 30 to 50 years, the question appeals squarely to us. Many of us feel that we are slowly but surely being left out. Now, why is it?

1. We have long resided in the same community; perhaps have held a few of the minor offices, and some fellows have become offended at us, and they stand out as subjects for the young or new doctor.

2. After practising many years, we know all the dead beats in our field of practise, and we draw the line on them; hence, the other man gets them.

3. We have all made our mistakes; we have our successes and failures; and as we grow old our enemies bring all these things against us; hence the new man has a chance at these parties. Now, if we are so fortunate as to have no enemies, we have a better chance for the battle.

4. The young doctor, when he leaves his college, has been taught (with his superior preliminary education and his four years in medical school) that he is superior to us who only attended two years of lectures, and he assumes to make the people believe he is a great man. Now, as to my own experience with the young graduate, I can hold, and more than hold, my own with him in actual work. He has a lot of theory all mixt up in his cranium, and he lacks the power to know just what to do. And as for diagnosis, I find him very much lacking in the common diseases he encounters.

To equip with stethoscopes, microscopes, X-ray apparatus, etc., for the man who has been in practise for a long time, this is foolish. I can hear better to-day without a stethoscope than any one can with one. I believe the old doctor should wear good clothes, have good horses and buggies, and let automobiles alone.

5. Some of our people say to us, you are able to get along without practise; let the young man have a chance to earn something. Where is the M.D. who can get along without practise to live and keep his dependent ones?

Now, in conclusion, I say to the old doctor, stick to it where you are; do the best work you can where you live; the chances are if you seek a new location in your advanced years, you will be up against as many real things as you are to-day. I would like to hear more on the question, particularly what the old doctor should do about making a change. If he has property where he lives and can make ends meet, had he better not stay there? Or can an M.D., after 30 years' practise, make a living in any other business? We think not. W. VA.

DEAR DR. TAYLOR:—Your talks on religion are timely and up-to-date. The fellows who kick the most need them worst. Also, I congratulate you on taking up spondylotherapy. The osteopaths and chiropractics are getting results, and that is what we want. So let us have the meat of their systems so we can assimilate it with our "regular" stuff. I would go to hell and take lessons from the devil if it would make me better able to relieve human suffering. Sincerely, A. E. LEMON.
Sault Ste. Marie, Mich.

Digitized by Google

Treatment of Universal Alopecia.

EDITOR MEDICAL WORLD:—I may say that I agree with Dr. S. W. Badger's diagnosis of universal alopecia, January WORLD, page 31, and would suggest the following line of treatment. Increast nutrition and general tonics play an important part in the methods indicated. Country air, physical exercise, rest from mental overwork, warm sulfur shower baths, cold shower baths on the vertebral column, iodid of iron, cod liver oil, strychnin, and sodium arsenate. Food containing much butter fat and milk; also phosfates and fish. "Milk taken alone and between meals, crusht wheat, cream, and fish are the most valuable aliments."—Bulkley (N. Y. *Med. Record*, March 2, 1889.)

The progress of the disease must be arrested by shaving the entire body. The horny layer of the derma must first be destroyed by the application of a vesicating fluid, preferably the ethereal solution of cantharides. On the following day a 15 per cent. solution of silver nitrate is applied. This procedure should be repeated one week after desquamation of the discolored skin. This treatment should only be applied to the scalp; to the face and the other parts of the body apply daily, with rubbing:

℞

Tincture of cantharides.....1 ounce
Spirits of rosemary...2 drams to 1 ounce

After this local treatment you have at least removed the pathological condition that caused the disease; hence you have a healthy skin on which to apply the stimulating agents commonly employed, and your prognosis is favored.

A. E. GARDINER, M.D.

Mace's Bay, N. B.. Can.

America, Chloroform, and Anesthesia.

EDITOR MEDICAL WORLD:—In your "Monthly Talk" Dr. E. V. Hall writes you, and in his letter is this: "If the United States had done nothing else than discover chloroform," said a great British scientist, "it would deserve the lasting praise and gratitude of the universe."

The Doctor is in error here if he meant "chloroform" as an anesthetic. If he had said anesthesia or ether, and not "chloroform," he would have been correct.

The United States did not discover "chloroform," but Edinburgh, Scotland, did, and Sir J. Y. Simpson was the discoverer, in 1847, of its anesthetic qualities. He used it in obstetrics, and the clergy and the medical profession violently and persistently criticised him for its use. The clergy said it was sacrilege for women not to "bring forth in pain." Under the criticism of both the clergy and the medical profession, Sir J. Y. Simpson had a strenuous time and lost much of his practise.

However, England's prolific queen, Victoria, had heard of its use in childbirth, and had Dr. Snow, the court accoucheur, to administer it to her in confinements. This stopt the opposition of both the clergy and the medical profession. Dr. Simpson was knighted. So much for chloroform.

The first anesthesia for an operation is due the United States, and Georgia claims the honor and distinction. In October of 1842 Dr. Crawford W. Long, of Athens, Ga., removed a small tumor from the neck of one Mr. Venable, of Jefferson, in Jackson County, Ga. Sulfuric ether was the anesthetic used. In the fall of 1846, Morton, using ether, anesthetized a patient for Dr. Warren, in the Massachusetts Hospital. Morton, Wells, and Jackson, all of Massachusetts, claimed the priority. Morton and Wells were dentists; Jackson, a doctor of medicin. Dr. Long publisht his case, but not until after Morton's was publisht.

Thomasville, Ga. T. M. MCINTOSH.

[There is no question that to Sir James Y. Simpson is awarded the honor of first bringing, in 1847, chloroform as an anesthetic to the notice of the profession, in his paper read on the 10th of November, entitled: "Notice of a New Anesthetic Agent as a Substitute for Ether in Surgery and Midwifery." It is well to remember, however, that Simpson did not probably make the discovery of the anesthetic powers of chloroform, as Flourens, on March 8, 1847, announced to the Academie des Sciences that chloroform exerted on the lower animals an anesthetic action analogous to ether. During a conversation held between Dr. Simpson and Mr. Waldie, a scientific chemist of Liverpool, later in the year, Waldie suggested to Simpson that chloroform might be tried with advantage, as Simpson was searching for an anesthetic which would prove more convenient than ether and be less irritating.

To Morton, quite commonly, is ascribed

Digitized by Google

the honor of discovering the anesthetic powers of ether. We are aware that Dr. C. W. Long has been mentioned in this connection, but Camac, in his "Epoch-Making Contributions to Medicin, Surgery, and the Allied Sciences," makes no mention of him whatever. A number of books contain brief mention of Long and his operation, but the United States House of Representatives investigated the matter thoroly, and awarded the honor to Morton. This investigation is said to have been most thoro. Camac says: "There has never before been, and probably never again will be, such a thoro trial of a scientific subject by a legislativ body. Every fact, letter, and statement was examined as sworn testimony, and this not once, but three times, over a period of eight years." This would seem to settle the claim of priority.

We might just say, in connection, that Dr. Morton had used ether for anesthesia before anesthetizing Dr. Warren's patient in the Massachusetts Hospital.—ED.]

Best Investments for Doctors.—Boils.—Let Us Appreciate Ourselves.

EDITOR MEDICAL WORLD:—I can honestly say that this dollar is my one best investment for reading matter. Your "Business Talks to Doctors" are true gospel. If I had read and *believed* some of the things therein written years ago, I would be on "Easy Street" now. After a varied experience, I have concluded that good farm mortgages and land in the newer sections that is neither worn out nor too high priced and will produce the actual crops, are the safest and most profitable investments for the average doctor.

Have been especially interested in the articles on Boils, Best Location for the Young Physician, and Dr. Ellison's opinions concerning use of medicins. I have suffered with boils for nearly four years, growing progressivly worse under all treatments used, until I used Mulford's staphylo-acne bacterin. This seems to be a cure as potent as antitoxin in diphtheria, but must be used in large doses.

It has always puzzled me why good locations in rural districts go begging; but it is the same with all classes. Thousands starve in crowded cities, while the country is crying for help, and thousands of acres are idle.

In regard to our diagnosis and medicin: If we have no faith in ourselves, how can we blame the laity for turning toward Christian science or any other confidence-inspiring balm to their injured hopes? We may make mistakes, and get discouraged at times; but even so, where is there anything better, culpable as we are? We have the world's experience back of us, so why depreciate ourselves in the eyes of the world just because we realize our imperfections? Would it not be better to hold aloft our light, illuminating the achievements of the past and the possibilities of the present, while we strive to overcome our weaknesses? This spirit of therapeutic nihilism was cultivated in my mind in medical school, and I think the same spirit prevails in most graduates, mainly because our schools do not equip us thoroly enuf in medicinal therapeutics.

I have since been led to believe in the resourcefulness of the average country physician. There are many points in diagnosis and use of drugs never learned except by association with the old veterans, or the studied experience of many a battle with disease, where the end sought must be found as it can be, not in the latest scientific method always, but in the way adapted to the environment, pocketbook, and wishes of the patient. And who will dispute the fact that the vast majority of troubles as they come to us are satisfactorily overcome by wholesome advice and clean-cut medication when indicated? M. P. ANDREWS.

Abbotsford, Wis.

Dr. Uriel Boone, of St. Louis, has issued a pamphlet concerning the safety of the use of acetanilid, antipyrin, etc. It was first distributed to the medical profession —free, of course. Dr. P. Isenschmid, of Wilmington, Del., says that after the medical profession was supplied, then every lawyer in the country got a copy; then every clergyman received a copy; and he thinks this will continue to all the professional and business classes, to assure everybody what harmless things headache powders are. The Doctor suspects that the headache proprietary interests are paying the bills, with probably a good fee to Dr. Boone. His suspicion seems to be a reasonable one.

Dr. R. A. Brown, of Bellemont, Okla., sends $3 and writes: "I have been reading THE WORLD ten years, and it would seem like deserting the medical profession should I fail to renew."

Digitized by Google

Typhoid Fever.

EDITOR MEDICAL WORLD:—While serving as interne in Nashville City Hospital, 1907, we treated 110 cases of typhoid, with 10 deaths; 3 from perforation, 3 from hemorrhage, and 4 from heart failure. This may seem a high mortality to some, but several of these cases were moribund when they entered, dying inside of 24 hours after entering. The medical staff of the hospital was composed of three of the best men on internal medicin in Nashville, and they treated their cases all similarly; they followed what would be commonly called the expectant plan.

Since I have been practising I have treated 13 cases of typhoid with one death, it being complicated by pneumonia. I have had typhoid fever myself, being confined to my bed for 52 days. Now, before I give any of my conclusions I wish to give a brief sketch of the bacteriology and pathology. This would seem unnecessary until one reads the January WORLD; then it seems that some have forgotten all the pathology, bacteriology, histology, physiology, and materia medica they have ever known—that is, if they ever knew any.

The typhoid bacillus is very hardy; it will live in the ground for months, and in water for weeks, and will stand drying for several days; it requires a 1 to 200 solution of carbolic acid, or 1 to 2,500 solution of corrosiv sublimate for its destruction. Now, the bacillus enters the mouth in some way, usually in food or drink, runs the gauntlet of the stomach with its solution of hydrochloric acid, enters the small intestin, attacks the lymph follicles and glands of Peyer. Here we have congestion, necrosis, sluffing, and ulceration, but very soon the bacillus passes from the intestins, even during the first week, and I believe in nine-tenths of the cases before the doctor ever sees the patient, to infect the mesenteric glands, and are even circulating freely in the blood and in the rose spots. So we have a septic infection, instead of a sapremia (tho the bacillus is not really a pyogenic organism).

Now, with the above briefly stated facts in view, I begin to treat my patients as follows: Being in a malarial climate, when I first see the patient I usually give a calomel purge and follow with quinin in good doses for three or four days. Of course, if I am sure of typhoid I don't do this; but in the first few days the calomel don't do any harm, but I don't use the calomel as a routine to keep the bowels open, as Dr. C. L. Myers says he and most practicians do (page 15, January WORLD). Dr. Myers may, but I think he is mistaken about most practicians doing so. I think I know of one case of fatal perforation from the use of one grain calomel in the last weeks of typhoid. Remember the pathology—ulceration of the patches of Peyer; and I have seen them so thin that you could see the fecal matter thru the bowels. Then think about the danger in increasing the peristalsis of that bowel. I prefer to use enemas instead of any purgativ, but that is not always practical in the country, so I resort to the mildest purgativ I can get (small doses of castor oil).

For the fever I use hydrotherapy. There is no drug that reduces temperature but will depress the heart, while hydrotherapy stimulates the heart. (Remember the three most common causes of death—heart failure, hemorrhage, and perforation.)

For the nervous symptoms I use hydrotherapy. I do not pay so much attention to the fever as some do, but to what the fever is doing to the patient. You will find that some patients will run a temperature of 104 for several days without much discomfort, while another with 102 will suffer intensely and be quite delirious. So I have no set temperature to bathe at; in other words, I don't doctor my patient altogether by the thermometer.

For restlessness I sometimes have to resort to morphin, but not until I have tried hydrotherapy and whisky. Often an ounce of whisky will quiet a restless delirium.

For heart failure: If you treat the fever and delirium with hydrotherapy and use no depressing fever powders or drops, you won't have much heart failure to treat; but when the pulse becomes fast and weak, I give strychnin in 1-40th grain doses every four hours, alternating with whisky every four hours as indicated.

Diet: I feed my patients. When I was an interne, one staff doctor used buttermilk chiefly, while another used sweet milk with one-third lime water chiefly, while the other used the one the patient preferred, and they had the same success as far as I could see. Patients did as well on one as the other. I feed my patients at regular intervals, usually every two hours, giving sweet milk with one-third

Digitized by Google

lime water or buttermilk or lemonade with albumin in it. In case the sweet milk is not digested, as noted by curds in the stools, I diminish or stop it. In case of diarrhea, sometimes I exclude lemonade and buttermilk with good success. I believe sweet milk tends to prevent hemorrhage by making the blood more coagulable; while in case of a bed sore that is sluggish about healing, with hard indurated edges, if you stop sweet milk and give citric acid in 10-grain doses three times a day you will be surprised to see how soon the edges soften and begin to heal. The principle of diet is to give no solid or indigestible food that will leave a large residue to pass over the ulcerated surface of the small bowel to cause perforation or hemorrhage. But in case hemorrhage occurs, give morphin at once hypodermically, to quiet the patient and stop peristalsis of the bowels. I believe this is the only drug that has a bit of influence on the hemorrhage. Space forbids me discussing other noted remedies.

I give no drug except a placebo as long as the patient is doing well. The best case I ever treated never got a dose of medicin while he was sick. He made an uneventful recovery in three weeks.

Antiseptics: I don't use them now except as indicated. If I have any tenderness or distention, I give turpentine by mouth and often one dram in an enema and hot turpentine to the abdomen. If turpentine does not relieve the symptoms, I resort to the other antiseptics, as the sulfocarbolates, salol, phenolated iodin, etc. I have used antiseptics from the beginning, in good doses too, and notwithstanding the tenderness, distention. fever and delirium came on as if nothing had been given. I am not so narrow that I won't try anything new. I try them all if I can logically reason that at least there is no harm in them. I have not tried the copper arsenite yet, but intend to on my next patient, but have not very much faith in it. I noticed in a journal that the triple sulfocarbolates in 5-grain doses would keep down all odor of fever; so the next case I tried them from the start every four hours. I never have had a patient before or since that had such an odor; you could hardly stay in the room. He got delirious and was one of the worst cases I ever saw, and was in bed for two months. Another doctor and I were treating a lady together, and her daughter got sick. He said that he had used phenolated iodin and believed he had cut short many cases; one he said that he had just treated was clear of fever in 16 days. This was the first or second day the girl had been sick, and was in good shape, so I said we will try it; so we tried it according to his own orders, and she was sick for over two months, and was one of the worst cases I ever saw. I believe in antiseptics, but not as a routine; they only lessen fermentation, and thus diminish tympany. They cannot get into the blood and destroy the bacillus circulating there, nor in the mesenteric glands, nor even in the walls of the intestins; so, then, there is no remedy that will cut the disease one day short, and the expectant plan is the most reasonable and scientific. I have my doubts about the diagnosis of so many cases which get well in two weeks; but I believe that is occasionally a fact.

B. W. WILLIAMS. M.D.

Red Sulphur Springs, Tenn.

Thoughts on Typhoid Treatment.

EDITOR MEDICAL WORLD:—I have been a subscriber to THE MEDICAL WORLD off and on for several years, and the fact that I "come back" is eloquent testimony to the fact that I consider I am getting more value for my dollar out of it than I can from any other journal at the same price, tho I take several larger journals. I want to say a few words on the article written by Dr. Anderson, and also the one by Dr. M. E. Johnson on "The Treatment of Typhoid Fever," which may be of benefit to some one. At any rate, I shall feel better after giving vent to them.

With all due respect for Dr. Anderson's belief that he has in copper arsenite a specific for typhoid fever, it still remains to be demonstrated. No treatment of any disease can be called, or is entitled to the exclusiv position of, a specific until it has been so demonstrated to be in at least 600 clearly defined cases of that disease. We all remember the "specific treatment" of Woodbridge. His claims for the treatment were certainly miraculous, and he persistently maintained that it was specific until he was given an opportunity to try out his method in one of the large hospitals on something like 600 cases, diagnosis being positivly made by competent men, and his mortality in that run was larger than that resulting from other good methods which had been in use in that

Digitized by Google

hospital. Who ever uses Woodbridge treatment as a "specific" to-day?

As for Dr. Johnson's treatment, the foregoing may apply in part, but in addition: If acetanilid and sodium salicylate have an action for good in this disease which more than compensates for their deleterious action on the blood, and the depression resulting from them, there is a rational reason for their use. It appears to me, however, that the indiscriminate use of these febrifuges for that action alone, irrespectiv of their depressiv action, is simply placing one's self in the falsely complacent position that masking pain of peritonitis by the use of opiates does, and accomplishing no other good except possibly a slight amount of antisepsis, which is questionable.

Empiricism is all right if the drug or method used positivly accomplishes a definit result, and has no greater bad effect.

No drug or method we know of to-day can begin to compare with the use of water in causing defervescence. We were content formerly to explain the beneficent results of its use by its tonic action on the nervous system. We know now that it is due to its production of leucocytosis, and the consequent anti-bodies; in other words, increases the army of resistance. On the contrary, acetanilid reduces leucocytosis. Why reduce the army when your country is invaded? Why use empirical methods which we know are dangerous, when we have other rational methods which are not harmful, and give better results?

No physician should employ any therapeutic measure until he has satisfactorily answered the question, "Why am I administering this, and what action am I going to expect from it?"

Instead of using remedies empirically, helter-skelter, in a blind endeavor to stumble onto a more satisfactory, or a specific, treatment, it is far safer and more scientific and sensible to study the pathology, not only along the old lines, but also along the newer, microscopical, bacteriological, and their results. Here is plenty of room for study and thought. Here new methods of medication may be dug out with some basis for their use. Right here is the broadest kind of a field for the man to work who wants to bring forward new specifics that deserve the name, and from this field will be developt some of the most useful therapeutics of the future, whether it be serum, medicinal, or other methods. G. M. RUSSELL, M.D.

Spokane, Wash.

Intestinal Antisepsis.

EDITOR MEDICAL WORLD:—It was with great regret that I read the comment on Dr. Johnson's letter on page 17 of the January WORLD. It is true that men as they age tend to conservatism, and revert to the tenets in which they were trained in youth. Even Herbert Spencer, during his later years, tried to undo some of the great work he had done, and harkt back on his trail. But I had not yet lookt on my old friend Taylor as really *old*, nor expected any such manifestation of advancing years for a long time to come. Possibly there is something in the air of the Quaker City that tends—not to premature age—but to conservatism of the retroactiv type. No single influence had been more activ in establishing the doctrin of intestinal antisepsis in the affections of the bulk of the medical profession than this very MEDICAL WORLD; and it seems a pity that it should thus change front, when nearly all the rest have at last accepted the proposition. I had thought that the last objector had been silenced; but while the gentleman modestly conceals his identity under the signature "H," he speaks out with no doubtful voice. "The 'intestinal antiseptic' notion has lately received so effectual a quietus at Johns Hopkins," etc.

Your anonymous assistant has said too much and too little. Before we lay aside the beliefs and practise of a quarter of a century on the say-so of somebody else, we want to be shown what it is that he has done; who it is that has done it; what are his qualifications for ascertaining the truth; and how he has done it.

Johns Hopkins needs no introduction. The work done there along pathologic lines has honored America. This institution has been the very front and centre of the exotic views transplanted from Vienna, that limit the art of medicin to the diagnosis as confirmed by autopsy. Will your friend kindly tell us what constructiv work has been done by Johns Hopkins along the line of drug therapeutics? Will he also tell us why we should take the word of a group of men notoriously nihilistic as to drug values, on such a topic? Have they ever given any evidence of qualifications to judge

Digitized by Google

correctly and impartially of this matter? If so, the records are to be had; please cite them.

If the exhaustiv tests alluded to have really been made at this great school, under what conditions? Who was present of the men who really know how to apply intestinal antiseptics, to see that the proper conditions were secured? Do not get hot and look on this as a reflection on the honesty of these gentlemen—we have reason. Years ago a distinguished professor who did not believe in intestinal antiseptics or like their advocate, agreed to make a test of them in a certain hospital. Everybody there knew of his attitude, and in that institution he was quite a little deity. The nurses, as I was told later, so fully sympathized with their great head that they quietly emptied the medicin into the sink. The trial demonstrated the "uselessness" of the remedy with the patients who did not get it. I am sure the doctors for and against the drug were unaware of the truth, but the fraud had its effect. Let us believe that the guilty nurses really thought that the treatment would be injurious, and that they were doing a good thing in thus preventing the advocacy of a wrong principle.

I accept no verdict that is brought in by the opposing side without fair and equal opportunity extended to the other. Johns Hopkins being the leading advocate of drug nihilism, cannot be allowed to occupy the judicial bench. Who can? The doctor himself; no other. This is a matter in which every doctor who feels himself qualified to observe a case, and to form a judgment for himself, should decide for himself and not take the word of any other man on earth. I am ready to learn from anybody; and there is no man so humble but that I will gladly acknowledge my indebtedness to him for whatever he may teach me that will aid me in my work of curing the sick; but there is no man, living nor dead, so big that on his unsupported word I am willing to lay down my beliefs and practise and accept his, on his simple word, unsupported by evidence that I am qualified to weigh. I do not ask any doctor to take my word any more than the other's; all I ask is that each one shall try for himself.

Take the cases you believe to be beginning typhoid fever. Don't wait for a Widal—it will then be too late for the most effectiv intervention, and it is little satisfaction to know next week what might have been useful had it been done last week. Give calomel, followed by salines to completely empty the bowels. If necessary, aid these by colonic flushing. Here is where many make their mistake, for they fail to realize that no disinfectant that the tissues will withstand can be given in doses sufficient to permeate and disinfect large fecal collections. Nor do they all realize how difficult it may be to completely empty the bowels in these cases. Meanwhile, don't lose precious time, but begin at once giving chemically pure zinc sulfocarbolate, 2 grains every hour to an adult, until the stools have lost their fetor. Give it in powder with a little saccharated pepsin, which sedates an irritable stomach but cannot be suspected of any action on the malady to complicate the test. If the zinc disagrees it is impure. If there is not disinfection when 40 grains a day are being given, the bowel was not really emptied. Then take stock of your case, and note the difference. Be sure to make your Widal later, to disarm the waiting criticism that these were not really typhoids, but something else. Curious—we were once assured that all anomalous cases were really typhoids; now they are not.

Nobody who has seen and smelt a typhoid stool will quarrel with my assertion that such material is not likely to be a useful or even harmless dressing for the inflamed or ulcerated patches in the bowels. If we find a radical change for the better in the symptoms when such disinfection has been secured, we have a right to assume that it was due to the treatment, and each additional case confirms this assumption.

As an evidence that the doctrin of intestinal toxemia and its treatment has become acknowledged, I present a few items for those who do not feel sufficiently secure to stand on their own feet. Von Noorden says: "At first we German physicians were by no means inclined to accept the theory of autointoxication that was being so enthusiastically proclaimed. Of late years, however, our attitude has become more friendly to the doctrin; this change of front is due to the fact that a number of toxic products of metabolism have actually been isolated and their mode of origin in the organism and their pathological effect determined to the satisfaction of the former critics of the doctrin."

Digitized by Google

In his textbook on "Infectious Diseases," Claude Buchanan Kerr says, regarding the use of internal antiseptics and calomel in enteric fever: "We may reasonably expect to secure a considerable antiseptic action on the contents of the bowel, and to delay and check putrefactiv processes which, uninterfered with, might lead to the production of gas and the subsequent development of meteorism. It is possible also that a suitable general antiseptic might check the multiplication of the typhoid bacillus in the blood itself, if indeed any growth takes place there."

I refer further to the work of Selmi, Brieger, Pasteur, Metschnikoff, Bouchard, Fraenkel, Hankin, Martin, Vignal, etc. I feel justified in asserting that dissent from the current and accepted view is expressed in your comment. That many leading teachers have not accepted the application of the current views to the treatment of typhoid fever, means little; the American medical profession has not waited for them. I put little weight on the reports publisht in the journals. These may represent the personal views of the Editor, who only prints what he pleases; and as this is known, men send him only what they believe he is apt to accept. My views are fortified by an enormous mass of personal reports from thousands of physicians, and are by no means merely my own deductions. Not one of us knows it all, but when the vast body of the profession speaks out they are pretty nearly right. W. F. WAUGH, M.D.

Chicago, Ill.

[Dr. Waugh, I was in bed with my "belly ache" (see February WORLD, pages 68–70), when my friend "H.," a skilled physician and a trained journalist, offered to help me revise manuscript. I told him to make comments as freely as he chose, just as tho he were editor; and when he *did* I could hardly say they should not go in. I told him that his views might do some good by sounding a "new note" to our readers. He has already done good by calling out the excellent article above; and he will be heard from in rejoinder next month, and thus things will go merrily. The opponents to the use of intestinal antiseptics say, "How can you antisepticise or sterilize the intestinal tract? The idea is absurd." Of course it is absurd, if you expect to sterilize the intestins as you would sterilize a rubber glove. Such an *expectation* is "absurd."—ED.]

Pneumonia—"My Own Case."

EDITOR MEDICAL WORLD:—I enjoy THE WORLD very much, and especially your Talks on politics and religion. While I am a republican, yet I do not indorse all that the republican party teaches or does; and while I am a Methodist (*on account of environment and early associations*), I might as easily have been a Catholic, Mohammedan, or member of any other sect or denomination, had I been born into such. I respect any man's *honest* opinion on religion or any other subject, and will not fall out with him because I may differ. I believe there is some good in all religions, and a *good* Catholic, Mohammedan, or any other has, in my opinion, just as good a chance in the future life (whatever that may consist of) as a good Protestant. So, Dr. Taylor, "*keep a-writin'*."

Can pneumonia be aborted? Yes. How? Let me report my own case; am just convalescing. Previous to January 26th I had not been well for several days; had a cold. About 8.30 p. m. was suddenly taken with chill, pain in side (chill lasted for an hour). Rapid respiration; pulse, 100; temperature, 102. Mustard was applied to side, and internally I began taking defervescent granule No. 1 (Abbott's), containing aconitin, digitalin, and veratrin. Took one every 15 minutes.

About 10 p. m., called in Dr. M. He said pneumonia. Temperature at this time was 104; pulse, 110. He gave me hypo H. M. C. (which is hyocin, morphin, cactin, Abbott's) one-eighth. Directed a hot antiphlogistin poultice to side, as we had removed the mustard. We had sent for nurse, who had arrived. I requested that the defervescent granules be continued, as I believed we could check the process and limit it to the congestiv stage (which I have done and do a dozen times every season). The doctor agreed, and directed the nurse to push medicin, watching the pulse and temperature, and lessen dose as soon as pulse and temperature began to improve. This was continued during the night until the doctor called next morning about 9 a. m., when temperature and pulse had begun to drop. By 2 p. m. temperature was 101, pulse 90; expectorating *bright red blood*. By 9 p. m. temperature normal, pulse normal, expectorating prune juice and plenty of it; pain better. 9 a. m. on 28th: temperature 99, pulse 65. Medicin stopt. Put on Fellows' syrup hypophosfites, ʒj, four times a day.

Digitized by Google

Forgot to say, medicin (defervescent granules) not given quite so often after first drop in temperature and pulse (every half to one hour). Prune juice expectoration continued until the 31st, when it disappeared entirely. Got up on February 1st. Left my room on the 3d. Went out for a few minutes on the 4th. Walkt to the barber shop on the 5th. Waited on a confinement on the 6th, and am now attending to my regular work.

Now, this is a typical case, similar to those I have had every season for the past eight or nine years, or since I began using the alkaloids nine years ago. I do not have the stage of consolidation any more in pneumonia, and venture to say I cure 90 per cent. or more of my pneumonia cases. Some of the family will say, not pneumonia. All right; call it what you will. *I call it pneumonia*, first stage or second stage. Try the alkaloids, brothers; use them carefully and *to effect*—finger on the pulse. Especially use the above granule, and you will have no more trouble with pneumonia cases if you get them before the exudativ stage. I have practised since 1886, most of the time in the country, so have had some experience.

Mt. Pleasant, Pa. J. W. SHELAR.

EDITOR MEDICAL WORLD:—In reply to H. M. Arthur's question (February WORLD, page 63), as one of the "others" who are confidently sure that they can abort pneumonia in some—not all—cases, I will reply that diaphoresis and brisk catharsis immediately after or soon after the chill, will in many cases produce the desired result. First, completely relax the system to the extent of bringing sweat from every pore. This can be done by giving enuf morphin to cause the vasomotor centres to relax their efforts at raising blood pressure, numb their sensibilities, apply external heat, and a full dose of acetanilid at this stage can be combined with the morphin to favor sweating, without deleterious results. The intestinal tract is a very vascular apparatus, and a powerful cathartic acts as a counter irritant and also invites the blood to this great vascular area. Whether we succeed in the elimination of toxins to any great extent is a question hard to answer. If we have an internal congestion, we are very apt to relieve it if we resort to such measures as will fill the capillaries of that vast organ, the skin, with blood attracted from some internal organ. The same thing occurs when the blood vessels of the bowels are caused to retain a greater than normal amount of the circulating fluid.

Just such cases as described by Dr. Arthur have been relieved and the disease cut short, even after a moderate amount of rusty sputum has been expectorated. The writer knows he is laying himself open to ridicule or criticism, but clinical facts are what we are after. For twenty years I have found this treatment far more satisfactory than looking wise and expressing the opinion that the patient will recover if the toxins destroy the germs before they destroy the patient. If the disease lasts more than 48 hours, it scarcely can be said to be aborted. L. E. BARTON.

Malta, Ill.

He Uses Manual Treatment.

DEAR DOCTOR TAYLOR:—Inclosed find check for $3 for four years. I am glad you are plunging into this question of passiv motion, massage, manual treatment, osteopathy, or whatever you are pleased to call it. I have been using massage for sprains and traumatic injuries for some time past, with good results. I had to take it up because the osteopaths were doing business in my territory, and I told the people here that they, the osteopaths, did not have any the best of me, and since then I have been showing them. I also use massage and passiv motion in my fracture cases after the third day. So I hope you will give us many more numbers of your journal as good as the February number, for it is the best issue of THE WORLD I have had in seven years.

Valley, Neb. DR. J. C. AGEE.

[*Manual Treatment*, which means treatment by the hands, is perhaps the expression which best covers this subject. Massage is not sufficiently inclusiv; osteopathy refers to *bones*, and is hence defectiv; passiv motion covers only a part of the field, as it refers to the movement of limbs by the will and power of a person other than the subject. Manual treatment is also defectiv, as local treatment is sometimes given other than with the hands; but it covers the field better than the terms mentioned above.

Who will suggest a better name for what we have in mind? Physical treatment includes too much, as it includes electricity, activ exercise, etc. Mechanical therapeutics emphasizes the use of appa-

Digitized by Google

ratus rather than the use of the hands, and this kind of treatment can be best administered by the hands. Can any one suggest a better name than manual treatment?

Dr. Lorenze popularized the expression "bloodless surgery"; but he applied it only in certain conditions of the hip joint. "Bloodless surgery" has a much wider field—and it is certainly as "honorable" as bloody surgery. Manual methods should always be given the preference over medicinal methods or knife methods, whenever manual methods will accomplish the object. I hope the time will speedily come when the man who *never* uses manual treatment (and does not know how), will be considered as narrow—and indeed, as much of a quack—as the man who uses nothing but manual treatment, and who knows nothing else, tho claiming everything for it. The ideal doctor is one who discriminates, and who uses medicins when indicated, the knife when indicated, and manual treatment when best adapted to any case, or all in any case in which all may be indicated, not making extravagant nor exclusiv claims for medicins, the knife, nor manual treatment.—ED.]

Endometritis—Trachoma.

EDITOR MEDICAL WORLD:—In February issue, page 76, a brother calls for suggestion in treating "membranous metritis." In these cases the use of tampons with glycerin, etc., are a tedious, uncertain, and often useless method of treatment. You have here in these varied cases a loss of tone, disordered circulation, and more or less inflammation of the endometrium, the diseased condition involving more or less of the uterin tissue.

I have got very good results in these cases by injecting into the uterin cavity 30 drops of Lloyd's specific thuja (as suggested in THE MEDICAL WORLD over a year ago by a brother practician). Often a single injection will give markt results. In very chronic cases, with thickening of the uterin tissue, I inject 30 min. tincture of iodin.

The technic is simple. Have a uterin tip attached to a hypodermic syringe. The uterin tip, which can be had from instrument houses, is about 8 inches long, smooth, blunt end, and flexible, so it can be bent to suit the angle of the uterin canal in each case. Of course, the syringe and tip must be steril. After placing speculum carefully, swab cervix with pledget of cotton soaked with antiseptic. (I use lysol, 1 to 2 per cent., as it is both cleansing and antiseptic.) This prevents carrying any vaginal secretion or germs up into the uterus. Then fill the hypodermic with the thuja or iodin, pure, and deliver contents well up into the corona of the uterus with a side to side motion of the tip to spread the medicament over the endometrium. Other substances, as echinacea (in purulent conditions), or ichthyol when indicated, can be used with the same technic.

In February issue Mrs. Dr. Smith asks for suggestion *re* trachoma. I have used with success for eight years the simple combination of silver nitrate and boric acid in solution: one-half to three per cent. silver nitrate in a saturated solution of boric acid. Instill four or five times a day. Strength of the silver salt to vary according to reaction and severity of case. Must be used strong enuf to produce considerable discomfort. If used strong enuf, benefit will be noticed in one to two weeks, and apparent cure in one to four months. Too much smarting might be relieved by a mild solution of local anesthetic like alypin or stovain (cocain precipitates with silver nitrate, forming silver chlorid when cocain hydrochlorate is used).

This combination gives far different and better results than either silver nitrate or boric acid used separately. In the most virulent cases of specific conjunctivitis, when the cornea is ulcerated and loss of sight apparently inevitable, this combination, *if used strong enuf*, produces the most brilliant results.

A. E. LEMON, M.D.

Sault Ste. Marie, Mich.

Obstetric Tractor.—For Wheezing Babies.

EDITOR MEDICAL WORLD:—A handy obstetric tractor can be made by taking two pieces of non-elastic webbing about one and a quarter inches wide and twenty-four inches long. Lap the ends and stitch. These take up but little room, and add comparativly little to the weight of the obstetric bag. The cost amounts to nothing, as a pair of old suspenders will furnish the material.

This loop, placed over the knee when the leg is flext, makes a tractor that does not pull the patient toward the foot of the bed as do those that are intended to pass around the footboard. There is

Digitized by Google

some tendency to slip, especially when placed over the bed clothes; but an attendant can hold them in place much easier than having patient pull on arms.

For the baby that is wheezing with a cold and a tendency to croup, try: quinin sulfate, 4 grains, with enuf acetic acid to dissolve (about 30 drops), and glycerin enuf to fill a 2-dram bottle. Dispense with directions to rub 10 drops on any part of the body every three hours. Better not write a prescription for this, but prepare it in your office, as they will be back for more. L. C. OYSTER.

Lumberport, W. Va.

Thymol for All Intestinal Worms.

EDITOR MEDICAL WORLD:—In the January, 1910, WORLD I see on page 27 that Dr. J. H. Thomas gives a report of a case of tape worm cured by giving thymol. I had a case like his three years ago; a man, 27 years old. I gave the thymol in two 30-grain doses. In treating hook worm cases I find thymol good for all intestinal worms. My treatment was like the one Dr. Thomas used, except in method of giving the thymol. W. EHRHARDT.

Westfield, Texas.

Manual Treatment and Early USE, for Injured Joints. — Operativ and Non-Operativ Work Compared. — Syphilis After Unnoticed Sore.—Antitoxin in Non-Diphtheritic Cases.— Sneezing and Calomel in Diphtheria.

EDITOR MEDICAL WORLD:—Kindly put me down as one of your family heartily in favor of Mr. Ostrom's series on manual treatments. The editorial on the same subject is along lines that I have always upheld. Ever since I began practise, my slogan has been, rest during the acute stage, followed as soon as possible by use, which was to be increast as rapidly as possible. The exact method of manipulation is important. Mr. Ostrom speaks, for instance, of first stroking from *above* the injury toward the heart (with the return flow), so as to empty the vessels, and thus make plenty of room for the inflammatory and exudation products, which it is the object of the second stage of the manipulation process to remove heartward from the site of injury. Much experience with athletes who have been injured in their favorit sports has enabled me, time and again, to see the danger of too prolonged a rest. I have seen very many joints stiffened and sore from old sprains quickly get well by use and rubbings; in fact, have had my share myself, and know how grateful is the feeling after the initial start has been made.

A thought anent your editorial, "The Triumph of Medicin": It is the *visibility* of the surgeon's work, the evidentness of his "triumphs," that explains his popularity over the non-operator. Yet those who admire surgery so much more than they do medicin, revel in the astuteness of Dr. Doyle's "Sherlock Holmes." How inconsistent. The surgeon puts under his eyes and fingers what he cannot cure, removes it, and throws it into the slop bucket. The non-operator has not this advantage in diagnosis, nor can he so readily dispose of irremediable pathologic conditions. The operator has always occupied a decidedly lower plane in my estimation than has the non-operator. This is not "sour grapes," for I do all the operating I can get, and have a private hospital for that very purpose. I know and feel that I do much better mind work on a troublesome, purely medical case than in the surgical work. Much more finesse and alertness of mind are needed in curing a chronic medical case than there is in even major surgical operativ work. They compare in my mind respectivly as do checkers and chess. Think it over carefully, and yield the greater credit where it is due.

Dr C. E. Leuba asks, page 60, "Can a man contract a venereal disease without showing any local symptoms?" I should answer, no, for gonorrhea and chancroid; and yes for syphilis. The initial sore in syphilis may be so slight as to escape attention, especially if in the mouth, tho I have known it to have been unnoticed within the prepuce until lookt for, and found as it was disappearing. The proof came a little later in secondary symptoms.

I never knew diphtheria antitoxin to have any bad effect in non-diphtheritic cases. I always use it as a preventiv on others present in the house where the disease exists. I once used it upon a man 70 years, who was complaining of sciatica of several days' duration. This left him in 20 minutes, and never returned. He also said that the injection made him feel younger. I offer this for what it is worth, the facts being as I state them.

Dr. Louis Weiss' letter, on page 66, is

Digitized by Google

very good. His advocacy of fresh air is well based, and should be practised. So is his advice to spray both nostrils. This should be done, if possible, until the fluid gets into the larynx. Much infectious material is left there otherwise. I wish to add two points, which he will find good if he gives them a trial. In the first place, do not give an emetic to dislodge throat accumulations, for this brings up the nourishment that should stay down. Instead, I cause the patient to sneeze. I do this also in catarrhal bronchitis of infants. It is magical. Place a little "catarrh snuff" up the nose, and the trick is done; and the food stays down. Nor is it unpleasant. Or the nostril may be tickled with a feather. Other expedients will produce the same effect. Any of them will do. It clears the nose, throat, larynx, trachea, and bronchii. Try it. My other point is the steady, hourly use of calomel in 1-10th grain doses. It seldom purges in diphtheria. It is wonderfully effectiv. Before the days of antitoxin, it held the palm in this disease. Try it, with or without antitoxin. A. H. P. LEUF.

2034 Arch St., Philadelphia.

Enuresis.

EDITOR MEDICAL WORLD:—I notice in your January issue page 34, Doctors Barclay and Hutto are anxious for help in cases of nocturnal enuresis. I will give my treatment of these cases, and I feel sure they will be surprised if they take the time to use it. As both cases are alike, what I say will be applicable to both. I use the biochemic system of medication. In cases of enuresis in either young or old, I use calcarea phosphorica, 3d trituration; dose, a powder about the size of a pea; or if an old person, as much as will lie on a dime, every two hours during daytime. If it is caused from weakness of the sphincter muscle, I give ferrum phosphoricum, 3d trituration, same-sized dose every two hours. If the patient is nervous as a cause of incontinence of urin, I administer kali phosphoricum, 3d trituration, every two hours, in doses the same as the other remedies.

Some time ago I received a remedy for enuresis by mail from a firm in St. Louis known as Luyties Pharmacy Co. It is called "Combination Tablets No. 84," composed of ammonium carb., santonin, equisetum, and verbascum. Three tablets every three hours, and at night on retiring. I had but one failure with its use, out of five cases. C. W. STOWE.

Salina, Kan.

EDITOR MEDICAL WORLD:—I wish to give Drs. Alex. Barclay and A. I. Hutto the benefit of my experience in enuresis, or bed wetting. I think you gave a good outline of general treatment. I use bromid of iron syrup. For the ages of those children, I would commence with say 10 min. in water three times a day. If it causes nausea, reduce the dose or give it less frequently. I usually give nothing else. I began the use of this remedy more than twenty years ago.

Atlanta, Ga. J. E. SMITH, M.D.

Equisetum for Enuresis.

EDITOR MEDICAL WORLD:—Come right along with your journal, Monthly Talks and all. I don't agree with you, either religiously or politically, as I am a republican and a Methodist; but as some of THE WORLD readers seem to like your Talks, I am not kicking. But this is not what I started in to say. In the January number, page 34, Drs. Barclay and Hutto both ask for a remedy for enuresis. Their treatment is all right so far as it goes, but they both stop one remedy short. If the doctors will send to Lloyd Brothers, of Cincinnati, and get a four-ounce vial of Lloyd's specific tr. of equisetum hymale and give their patients according to directions on bottle, they will both cure their patients. There is nothing in the materia medica as potent in enuresis as equisetum. Try it, doctors, and write me the results.

Plummers Landing, Ky. J. P. HUFF, M.D.

Rational Breeding of Humanity.

EDITOR MEDICAL WORLD:—It had not been my intention to do more than send my subscription to your valuable magazine, to whose coming I look forward very expectantly, had not the matter given below, and also the discussion of the legal phase of the prevention of conception in THE MEDICAL WORLD led me to believe that I might be able to widen the discussion by a few words appropriate to the subject at this time. I realize that the views advanced by me will not meet with the approval of many, still, if we were all united in thinking the same way there would be nothing to discuss.

A resolution was adopted at the annual meeting of the American Breeders' Association, held in connection with the National Corn Exposition, at Omaha, Neb., recommending marriage along lines of scientific principles only, the education of the public first, and then legislation. That if a man and woman wish to marry, each should submit to a physical, mental, and moral examination, producing records of parents and ancestors back as far as the fourth generation. If these records are clean they may marry; if not they will mate under penalty, and the preacher or judge who marries them will be punished.

The report says further:

"Our ultimate aim is to bring about better matings, so that the best characteristics of the

Digitized by Google

Nation may become widely disseminated and its unfit traits weeded out. Thus we will eliminate hospitals and insane asylums and homes for the blind, poor farms and bread lines, bv breeding a pure race. Let us take the steps that scientific duty dictates as necessary, and dry up the springs that feed the torrent of defectiv degenerates."

This is a step in the right direction, and if carried out would result in untold good to the present generation, especially the women; and to generations still unborn, removing much suffering and misery, and eliminating, to a markt extent, the neurasthenic, the epileptic, the halt, the lame, the blind, etc., bringing joy and gladness to countless thousands, and producing more perfect men and women, something to be devoutly wished for, tho still far distant, judging from the advance of great truths in the past.

This resolution covers a very large subject, yet it deals with but one phase of the problem, that leading to and including marriage, leaving the quantity and quality of the offspring to happy chance, guided by the untutored minds and passions of the parents.

They want children, perhaps not for the first year, but some time, and when the event does occur it is looked forward to with smiling faces and high hopes for this the great blessing which has been bestowed upon them.

The second is—well, not quite so welcome; but they accept their obligation with resignation. The road is not so smooth, the smile is nearly gone, and it becomes very hard for the father to meet the growing expenses.

When the third event is heralded afar it drives the last remaining smile away, their cross is too hard to bear, and the mother consults the knowing friend, who recommends a doctor who is "all right," or who "puts her next" how to produce an abortion on herself, and she soon becomes past master of the art.

We see here the various stages thru which the parents pass from that of innocence to the stage where life-destruction is welcomed with joy. We see the mother wreckt physically, passing from the happy girl, full of joy and life, to the chronic invalid, ever complaining and whining, with a pain or ache always present, and the once happy home becomes one of trouble and of discontent.

This is the greatest evil of the present day, extending from the woman of wealth to the lowly ones, ruining the lives of thousands and producing a nation of chronic invalids, because an "all-wise" nation and medical fraternity say that a physician is never justifiable in giving information concerning prevention of conception, yet who by so doing would save the greater part of the suffering already referred to.

I believe, as strongly as the other brothers, that every family should do its duty regarding the producing of some children; but I also believe that woman's place in life is to be more than a breeder of men and a household slave. Give her a chance to be a companion, helpmate, and confidant to her husband, to support him spiritually and morally when temptations are strong and the road is rough, and by words of comfort and of cheer help smooth the weary way; physically drawing him more closely to her in the consummation of the marriage obligation, making the two one, happy and contented; for where we find the contented man and wife—whose home is happy and free from strife—there we find a well regulated and intelligent arrangement of the sexual relations—and, with rare exception, it is only in these homes that it is found to be so.

These are some of the reasons why, I believe, we should, if in our power, help regulate the size of the family.

Again, it has been found, on investigation, that the smaller the family, within certain limits, the better the individuals, both physically and morally, composing it. This has been found to be especially true among foreigners coming to America to live; and in the report of the Immigration Commission, a committee appointed by Congress to investigate this, with other things, regarding immigrants, we find that the size of the family is falling off, but the quality is greatly improved.

Why should these things not be? In the vegetable and animal kingdoms these things have become an exact science, and the poor or faulty members of a family are destroyed; or, as in the animal, sterilized; and the same government that tells us to produce quantitv, not quality, in the human race, appoints a cabinet officer who advises against that very thing among animals.

Who of us has not seen family after family in which the first two or three are healthy, vigorous children, able and willing to cope in the battle of life, while those born later—from a mother who is weak and worn from too many and rapid pregnancies—are at best but mediocre, doing perhaps a little in this busy world, but never much, and who are content to drift with the tide? I do not say that this is true in all families, for I know it is not; but in a great many cases it holds true. How much better, in those cases, to have used a little prevention and give the Nation fewer drifters.

Let us, therefore, educate the Nation to the point where we can have a cabinet officer:

First, to regulate and carry out the resolutions of the American Breeders' Association;

Second, to exercise a judicious supervision over the health of the various communities by subagents, and where there is found the epileptic, the tubercular, the insane, or those suffering with malignant growths, etc., have authority to sterilize them.

And last, among the medical profession themselves, that we use judgment in all things, but in suitable cases give the necessary information as to the best means to prevent conception.

Los Angeles, Cal. W. H. MAYNE, M.D.

[This is a big and perplexing question. Possibly it may sometime be workt out to a satisfactory solution, but it will require a very long time, perhaps centuries. The reasons are many. Judgment and ideal morality in the control of one's own passions is a difficult thing to cultivate; one can control his horse, cattle, or pigs according to the decisions of a cool judgment; but the control of one's own inclinations and passions is entirely a different proposition—the cool judgment is absent. Then, in the human race, sentiments "dearer than life" come into the problem. In the mating of stock, sentiment is entirely absent, and the judgment and calculations of man are in entire control. The mare is mated to a stallion which she has never seen before, and may never see again (and neither care), and in an hour or two another mare is brought up for "service" by the same stallion. Humanity, with sentiments and "a soul," can never submit to such conditions, nor anything like them. On the other hand, in certain ways humanity is worse than the beast. Unbridle the passions of, perhaps

Digitized by Google

the majority, of humanity, and havoc will result. This is the reason that the law against interfering with the laws of Nature are so stringent, for Nature's own laws establish a limit to sensuality—the burden of offspring. The fact is, we are in a very crude condition in this respect. Let us look forward to ideal conditions, in future centuries. A beginning has been made, particularly in the State of Indiana, in sterilizing the unfit. This is a beginning, and it seems to be a rational first step. Further we cannot see clearly at the present time, but doubtless the atmosphere will clear up as we go along.—ED.]

EDITOR MEDICAL WORLD:—I should like to see you rid your pages of the abortionists—the fellows who abort pneumonia and typhoid fever. Have we not had enuf of these? "How long, O Lord, how long?"

A. F. HYDE.

Shelby, Ohio.

Medical Fee-Bill.

MEADVILLE, PA.

Adopted October 26, 1909.

Fees herein stated are minimum fees only.

OFFICE PRACTISE.

Ordinary prescription or advice (without medicin).	$0.50
Physical examination (ordinary)	1.00
Electrical treatment	1.00
Surgical dressing	1.00
Telefone consultation	.50
Certificate for sick or accident benefit	.75
Vaginal examination	1.00
Rectal examination	2.00
Vaccination	.75
Examination for fraternal insurance	2.00
Examination for old line insurance	5.00
Urinalysis (chemical and microscopic)	3.00
Urinalysis (chemical)	1.00

GENERAL PRACTISE.

City visits, day (7 a. m. to 7 p. m.))	1.00
City visits, night (7 p. m. to. 7 a. m.)	2.00
Visits to contagious cases	2.00
Additional patients same as office visits.	
Distant patients, per mile, day	.50
Distant patients, per mile, night	1.00
Consultation	5.00
Introduction of sound or catheter	2.00
Examination of insane, with certificate	5.00

OBSTETRICS AND GYNECOLOGY.

Normal delivery, including three subsequent visits	15.00
Delivery of placenta	10.00
Twin cases	15.00
Forceps or unusual detention, including three visits,	20.00
Consultation	10.00
Administration of anesthetic	5.00

SURGERY.

Curetment	25.00
Circumcision	15.00
Surgical assistance	5.00
Administration of anesthetic	5.00
Minor surgery, such as amputation of fingers and toes	5.00
Major surgery	50.00
Minor dislocations (fingers and toes)	5.00
Major dislocations (elbow, shoulder, knee, ankle)	10.00
Minor fractures (reduction only)	5.00
Major fractures (reduction only)	15.00
Compound fractures (same as amputation of that part).	
Reduction of hernia by taxis (without anesthetic)	5.00
Gonorrhea (in advance)	10.00
Syphilis. Fee in advance.	

(Signed by twenty-three physicians.)

The "hot shots" in your Monthly Talks sometimes ruffle my feathers a little, yet what a tame and uninteresting world this would be if we were all of one mind. I get the worth of my money in each publication long before I come to the talks, the reading of which is not compulsory. If I ever should write and scold you just a little bit for tramping on the toes of a republican, it is no sign that I would discontinue THE WORLD, for I know a good thing when I see it.—*A. N. Brock, M.D., House Springs, Mo.*

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Pain in Urethra or Bladder.

EDITOR MEDICAL WORLD:—Kindly give opinion *re* following case: Young married woman, good family history, functions performed normally. Troubled at irregular intervals for past eighteen months with pain, apparently in neck of bladder. Pain in relation to micturition varies; sometimes immediately after act, at other times ten minutes to one-half hour or perhaps an hour afterwards. Latterly seems to have no relation as to time of micturition, and comes on quite often in middle of afternoon or in evening. From beginning of condition, would occasionally go one or two days, and in one instance went several weeks in comparativ comfort. Pain more severe at menstrual period. Pelvic organs normal; urin normal: no evidences, so far as I can ascertain, of hysteria or neurasthenia. Can't describe suffering of this patient. She has consulted some good men and been under the care and careful treatment of an able physician for some considerable time before coming to me. Have given following: Morphin or morph. and acetanilid, 1 per cent. solution cocain in 10 per cent. solution boric acid. Tampons: ichthyol, glycerin, and belladonna. Any of these are only makeshifts and afford only temporary relief. Have been giving internally sod. brom., hyoscyamus, and belladonna; also pil. asafetida.

I will appreciate any information on above case.

Sarnia, Ontario. THOS. P. BRADLEY.

[We think you are right on the hyoscyamus, belladonna, and asafetida, but we do not like the tampons. There is a *local* condition there which must be investigated. We do not think it a neurosis, and in commending the use of the drugs above, we do so merely as a temporary measure. If the pain compel the use of morphin, why not give it hypodermically in some location in close proximity to the bladder, so you will

Digitized by Google

get the quickest and most emphatic effect possible from the dose used? Vaginal medication requires twice the dose necessary in other ways, and you want to use as little morphin as possible. While it does not look like a case of stone, we would carefully sound and see, for stone frequently yields symptoms far from those detailed in the text-books as "classical"! Next, we would investigate the urethra, visually, after dilatation, thruout its length. Failing to find any caruncle, polyp, or other cause for the pain in the urethra, take up the visual examination of the interior of the bladder. It may be that you are not equipt to examin thoroly the interior of the bladder; if so, take her to some one who is. You ought to be able to get a thoro examination of the urethra yourself, and you may not need to go farther.

We presume that you have carefully examined the urin a number of times; not that we suspect any kidney complication, but that one may often find a trace of blood, or mucus, or other finding which may shed light on these obscure cases. Go after it energetically, and be determined to *see* what is wrong, and when you find the trouble, we think you will have no difficulty in bringing about a cure.—ED.]

"Santogen."

EDITOR MEDICAL WORLD:—What do you know of the "tonic-food" Santogen, put out by the Bauer Chemical Company, Everett Building, Union Square, New York? Does it stand along with the proprietaries, such as peptonoids, etc.? I have never used it, but am investigating in the interest of a patient who thinks of using it. I could not sanction it without knowing more about it.

I enjoy THE WORLD very much. Read it thru first of all my journals. Had I taken closer heed to your suggestions, I would not be the possessor of titles to worthless properties in the West.

Orrville, Ohio. GEO. H. IRVIN.

[Santogen is a proprietary, and we can give you no information regarding the composition. They publish glowing testimonials from medical men who have attained prominence. The lay press contains letters from the physicians to a half dozen crowned heads extolling it. Write the distributors, and ask for information.—ED.]

Skin Discolored by Rings.

EDITOR MEDICAL WORLD:—A woman 25 years old is annoyed by dark discolorations of the skin under her finger rings. Any gold ring on her fingers will do this in two or three hours' time. She is well. What is the chemical action that produces this condition? After thirty-eight years in practise, this is a new one to me.

Santa Ana, Cal. H. E. M. BARNES, M.D.

[We do not know what the chemical action is. We have observed the phenomenon many times, and have heard various causes ascribed; but none of them seemed to us logical. One was that there was an acid condition of the system, acting on the gold in the ring. Another that the patient had taken too much mercury, and that this combined with the excretion of the skin in contact with the gold, to produce the discoloration. Probably the most likely of theories to be right is that there is some action between the excretion of the skin and the alloy combined with the gold. Acid does not act on pure gold, as known. All rings have a certain alloy in them, to harden the gold, as pure gold is too soft to give service.

Whatever the cause, the phenomenon is often removed by a course of sodium sulfite and magnesium sulfate.—ED.]

Diagnosis of Hook Worm Disease.

EDITOR MEDICAL WORLD:—Please ask the readers to give the diagnostic symptoms of hook worm. I have run upon a few cases that I believe to be the real articles, but have some misgivings as to certainty. J. H. CAMPBELL, M.D.

Bardstown, Ark.

[The latest Medical Diagnosis is that of Wilson, publisht by J. B. Lippincott Company, Philadelphia, Pa., from which we quote for your information, as follows:

The clinical phenemena are due to the constant, prolonged drain of blood from the intestinal mucosa by the parasites themselves and from the wounds which they have made, bacterial infection at the site of the lesions, chronic local inflammation and thickening of the bowel, and the deleterious action of the toxins produced. The ova are frequently found in the stools, especially in children, in the absence of any symptoms. From this fact it has been inferred that the presence of a large number of parasites is necessary to cause the disease. The anemia is the most striking condition. Some associated pigmentation gives the skin a peculiar dirty appearance. The facies has been regarded as characteristic, its peculiarities consisting in a pallid, waxy color with faint pigmentation, and a lusterless, blank expression of the eyes. When the disease is markt in children, nutrition and growth are serjously interfered with. Enlargement of the liver and spleen, with edema, occurs in advanced cases, and the symptoms of anemia—breathlessness and palpitation on exertion, pallor, puffiness, and headache—are common. The blood shows corpuscular and hemoglobin reduction, infrequent leucocytosis, and a moderate eosinophilia. In old cases with markt anemia, which has lasted a long time, the eosinophile count is low. The presence in fresh feces of ova showing segmentation, or in older feces of ova containing

Digitized by Google

the curled embryos within or penetrating the thin shell, is characteristic. The blotting paper test may be employed. A little of the feces placed on white blotting paper after an hour will show a reddish color like blood. Eosinophilia is of diagnostic value. Many of the cases suggest pernicious anemia. The presence of the ova in the stools, the locality from which the patient comes, his occupation, the facies, the blood picture, and the therapeutic test with thymol are all to be considered.

The outlook under thymol treatment, except in advanced cases with markt anemia, is fairly favorable.—ED.]

Licensing Board.

EDITOR MEDICAL WORLD:—Please let us know to what States or Territories in the Union can a Kansas physician go to practise his profession without being obliged to go before the examining board. S. K.; KANSAS.

[Colorado and Illinois reciprocate with Kansas on basis of an examination only. Indiana, Iowa, Kentucky, Maryland, Minnesota, Michigan, Nebraska, South Carolina, and Wisconsin reciprocate with Kansas on basis of either examination or diploma. Before removal from your State to any other, write to the Secretary of the Licensing Board of such State and get the latest information in detail. We have several times publisht the names and addresses of all the secretaries. Better send 30 cents to the American Medical Association, 535 Dearborn Avenue, Chicago, for a copy of a pamphlet entitled "Medical Laws," which gives much information of vital interest to doctors who are contemplating a move to another State.—ED.]

Papilloma of the Larynx.

EDITOR MEDICAL WORLD:—Can you or any of your readers give me any suggestions as to the treatment of papilloma of the larynx other than surgical? A young friend of mine, a medical student, has had several warty growths removed from his larynx during the past year. Most of the operations have been done thru the mouth, but about three months ago thyrotomy was performed, and all visible growths removed and the bases burnt with chromic acid. Recovery was good, the patient being able to talk some about five or six weeks after the operation. Microscopical examination showed the growths to be purely papillomatous.

The laryngologist in charge examined him a short time ago and says there are two more growths coming one on either arytenoid, and advises their removal. As the patient says, this looks like beginning all over again, and he naturally feels discouraged. He is in very good general health.

A careful search thru the literature at my command does not lend much encouragement to any treatment other than surgical. One authority says they sometimes disappear of themselves. Magnesium sulfate and arsenic are recommended by some, and I have somewhere seen a reference to the use of thuja occidentalis, but cannot at present locate the authority. I believe the surgical management of the case to have been of the best, but would like to know if anything in the way of medicinal or other general treatment is worth trying. Do any of the readers know of any cases being cured by medicins or change of occupation or climate? A. F. MCKENZIE.
Monkton, Ontario.

[The Editors are not able to tender any suggestions of value outside of surgical removal, tho we might say that it is seldom that a radical operation is necessary when attention has been attracted to the growths before they have become of large size. They have a tendency to recur after operation. It is true that spontaneous cures have been reported, but such cases are usually in children. Your patient can hardly expect such good fortune. We know nothing about thuja in this connection, but if there is any literature on it you will doubtless be gladly supplied with same if you will address Lloyd Brothers, Cincinnati, Ohio, U. S. A.

If any of the family have any information of value along the line of the inquiry, will they please write the doctor?—ED.]

Nocturnal Emissions.

EDITOR MEDICAL WORLD:—Man, age 38, single, farmer, does not use tobacco or liquors; bowels o. k. He complains of having three or four emissions per week. The discharge comes about without his knowledge; no erection. Being single, he naturally would have more emissions. This condition has been going on for almost fifteen years. He is of nervous temperament; rather be alone. Says he cannot remember things as well as usual. Appetite is good, but he does not appear to get the benefit of what he eats. Digestion is good. Patient says he does not sleep well. Would the use of sounds be beneficial in this case? CHAS. B. STEPHAN, M.D.
New Bedford, Ohio.

[It is quite likely that the cautious use of cold sounds would do him some good, but he should also have ergot, iron, and strychnin. Valerian or the strontium salt of the bromid would probably help along. —ED.]

Possibly Paralysis Agitans.

EDITOR MEDICAL WORLD:—I have a patient whose hand shakes to such an extent that he is hardly able to write his name. He appears to be in the best of health every other way. The shaking of his hand when he tries to write seems to be gradually growing worse. I have been unable to help him. Kindly outline a treatment for me. P. T. S.; PENNA.

[You should have given us more particulars regarding age, family history, personal history, etc., on this case. No man could make a diagnosis from such meagre

Digitized by Google

details. It may be paralysis agitans, or any one of a number of other conditions. In a general way we would suggest cutting out any liquor, coffee, and tobacco he may be using to excess. See that the bowels and kidneys are acting up to the physiological limit, and put him on a combination of conium, hyoscyamus, and gelsemium, equal parts. Begin with moderate dose, and increase gradually till you get an effect or the physiological limit of any of the drugs is reached. This will probably ameliorate or banish the condition, at least temporarily, but you should get "down to brass tacks," and make a diagnosis, so that intelligent treatment may be directed against the actual cause.—ED.]

"Rice Bodies" from the Prostate.

EDITOR MEDICAL WORLD:—What is the cause of, pathological significance, and best treatment for the so-called rice bodies coming from the prostate? In my patient these bodies are seen in the discharge from a night loss; also when there is an extraordinary straining at stool.

Mart, Texas. C. C. COLLOM.

[These bodies have no important significance. They are generally presumed to be organized fibrin, and to represent this tendency on account of the fact that there has been an inflammation present at some time in the tissues from which they come. In the case of an old man, they might indicate the hyperemia consequent upon prostatic hypertrophy; in a young man (or in an older one, for that matter) they might indicate that there had been gonorrheal cause in the past, for the prostatic inflammation.

No special treatment should be directed against them, but the treatment applied should be directed toward the condition which permits them to become manifest, *i. e.*, prostatitis, acute or chronic, probably the latter. It is not possible for us to take up the space of this column in detailing this treatment. You will find it in any work on genito-urinary diseases. If you have none, you should at once make the purchase, since no physician can long practise without being confronted by a case upon which he can get information only from a book of this kind.—ED.]

Eau de Quinin.

EDITOR MEDICAL WORLD:—Can you give me the formula for "Ed. Pinaud's Eau de Quinin," a hair tonic much used by barbers?

Algonac, Mich. W. E. BOSTWICK, M.D.

[The composition of this nostrum is held secret, and we have no knowledge of its exact make-up. The following has been publisht, purporting to be the formula from which it is made:

Quinin sulfate	2 parts
Tincture krameria	4 parts
Tincture cantharides	2 parts
Spirit lavender	10 parts
Glycerin	15 parts
Alcohol	100 parts

Authorities pretty generally doubt the "tonic" effect of quinin on the hair, and it could likely be omitted without "impairing its virtues" in the least.—ED.]

Is This Hydrophobia?

EDITOR MEDICAL WORLD:—On September 11, 1901, patient (male about 58 years old now) was bitten by a dog, supposed to be a rabid dog at the time. Wound was on the outside of thigh midway between hip and knee. The wound was at once cut out and cauterized thoroly. Patient also went to a Pasteur institute at Chicago and was treated there fifteen days by Dr. Lagorio, of 228 Dearborn Avenue, and received nineteen treatments in the fifteen days, beginning September 14th. Was discharged at the end of fifteen days as cured, and had no more signs or symptoms of the bite until November 14, 1909—a little over eight years, when the place where first bitten became raw and inflamed for four or five days and would then form a dry, hard scab that would fall off in four or five days more, leaving naught except the cicatrix or scar. When part begins to get raw it is very sore and sensitiv until scab begins to form. The surrounding parts never swell or enlarge; neither is there any systemic disturbance. But about May, 1908, a scab formed on the same leg, about one-third the way from ankle, on outside of leg corresponding with the location of lesions above knee, but the place below the knee does not get raw, nor is it sensitiv to touch as above the knee, but otherwise is very much like the lesion above the knee.

Now, there is no systemic disturbance; in fact the man is the perfect picture of health every other way. His habits are good, very temperate, etc.; chews tobacco, but don't drink any kind of stimulants except coffee; but of course there is some mental anxiety, tho he does not show it to any very great extent. Now, I would be glad to hear from any or all the WORLD readers as well as the Editor, either by letter or thru the columns of THE WORLD. W. E. BARTLETT.

Elkton, Ky.

[The Editor cannot say definitly just what the trouble may be, but we do not think that the fact that he was bitten by a dog eight years ago has anything to do with it. By this we mean that if a like lesion had been produced by traumatism from some other instrument than the tooth of a dog and the subsequent cutting and cauterization, that you would have observed the same phenomenon. We think that the tissues have been lowered in tone by reason of the traumatism, much in the same manner as we note in cases of varicose veins, or

Digitized by Google

where there has been an actual leg ulcer, and that in consequence some irritation causes the development of a "sore" over the region of lowered local tone. We suggest his wearing a bandage or other protection over the leg at the site of lesions. Probably a dressing of oxid of zinc ointment would prevent the formation of a scab, and promote healing of the lesions. —ED.]

"Cold Sore" and "Fever Sore."—"Pleasant" Epsom Salts.

EDITOR MEDICAL WORLD:—Would be pleased to have you note thru your columns the pathology and treatment of "cold sore" and "fever sore," the latter where no other pathological condition is found in patient.

Also kindly ask your readers best way or form to put up Epsom salts so as to disguise it to make it tasteless, so patient does not know what he is taking.

Also the formula for "Castoria" and "Syrup of Figs." I askt for same last fall and you publisht same, and I had formula made up by several drug firms, but the taste was bitter and could not be disguised. I would thank you if you would take this matter up again. IDAHO.

["Cold sore" and "fever sore" are terms applied by the laity to herpes of the lip or other portion of the face. The medical term is herpes simplex. No pathology is known. Certain persons are predisposed to the development of these lesions. The cause is likewise unknown. It may be an infection, but it is noted that their appearance is usually coincident with a "cold," some slight digestiv disturbance, or other slight illness. They are especially common in cases of pneumonia.

If spirit of camphor be applied every few minutes when the first symptoms of tingling and burning are noted, it will prevent their development in most cases, or make them much less noticeable, even if applied some time after the first symptoms are noted.

We have publisht the following method of preparing magnesium sulfate before, and have used it in our own practise. While it leaves much to be desired, it is a fairly satisfactory preparation. We do not believe it is possible to make a "pleasant drink" out of magnesium sulfate in therapeutic amounts:

Magnesium sulfate	32 oz.
Fluid cardamom comp.	2 oz.
Vanillin	20 gr.
Garantose "crest," Merck	3 to 4 oz.
Alcohol	2 oz.
Glycerin	2 oz.
Ground roasted coffee	2 oz.
Water, enuf to make	½ gal.

Stir the ground coffee in one-half gallon boiling water and allow it to stand for twenty minutes. While hot add enuf to the magnesium sulfate to make about 3½ pints. Dissolve the vanillin in the alcohol, add the glycerin to it, and then add the cardamom. When the first solution has partly cooled, combine it with the second, shake thoroly, and add the garantose and enuf of the coffee solution to make one-half gallon. Filter thru a covered filter. An ounce contains one-half ounce magnesium sulfate. It keeps well, has a pleasing color, and is not really hard to take. It is to be diluted with twice its volume of water before taking.

We know of no other formulas than those publisht. If you had quoted the formula in question, it is possible we might have traced out the cause of the bitterness. If any member of the family has satisfactory working formulas for these preparations, will he send them in?—ED.]

Picric Acid Stains.

EDITOR MEDICAL WORLD:—In using picric acid solution for burns, one's hands become very much stained with it, and it is difficult to remove. Can you tell me what I can use to take this stain from the skin? It seems to me I once saw somethink in THE MEDICAL WORLD in regard to this.

Mechanicville, N. Y. W. C. CROMBIE.

[1. Recent stains of picric acid may be removed readily if the stain is covered with a layer of magnesium carbonate, the carbonate moistened with water to form a paste, and the paste then rubbed over the spot.

2. Apply a solution of

Boric acid	4 parts
Sodium benzoate	1 part
Water	100 parts

3. Dr. Prieur, of Besancon, recommends lithium carbonate for the removal of picric acid stains from the skin or from linen. The method of using it is to lay a small pinch on the stain, and moisten the latter with water. Fresh stains disappear almost instantly, and old ones in a minute or two.

We cannot locate the article in WORLD to which you refer, and hence quote the above. Not having tested any of the three methods detailed, we cannot speak as to their efficiency, but they are easily tested by any one.—ED.]

Menorrhagia.

EDITOR MEDICAL WORLD:—Mrs. W., age 26, married, commenced menstruating at fifteen, and first time it seemed all right; second time six days; third time ten days; next time a continuous flow for nine weeks. Six of those weeks she was

Digitized by Google

in bed and the flow was quite heavy. After recovering from that sickness she was regular and went along nicely for three years. Then she had a similar attack again, three weeks before going to bed and then six weeks in bed. The flow was steady and quite heavy. After recovering from that attack she went along regular again for about seven years, and then another attack something like the other two, excepting that it was about five weeks before she went to bed and four weeks in bed. Since then she hasn't been so well, having one spell of three weeks and then one of four, but not going to bed with either. Now she is suffering with another attack that has been running for five weeks. There is never any pain with this flow. The trouble seems to be a continuous flow, and at times amounting to a hemorrhage. Everything has been tried that is laid down in the books, and without definit results. Hot douches seem to do more good than anything else.

I would like your opinion, and also of THE MEDICAL WORLD family. H. A. W.

Chicago, Ill.

[You must locate the cause of the menorrhagia before you can expect to cure it. It is ridiculous to merely employ measures "for the bleeding." At the time of the menorrhagia one cannot do more than try to check the flow by use of stypticin, ergotin, hydrastin, supra-renal extract, oil of erigeron, etc.; but when the flow is over, it is high time to make a *diagnosis*. Any patient who has evidently come so near death a number of times would surely be glad to have the cause intelligently investigated. This is no easy matter, but as suggestions, I will enumerate *some* of the things for which you should look: hyperplastic endometritis (most frequent), chronic metritis, sclerosis of the uterin blood vessels, tertiary syphilis, polyps and fibroid tumors, tuberculosis (incipient), malignant disease, neoplasms or inflammation of tubes or ovaries, anemia or chlorosis (rarely), hemorrhagic diathesis, gout, scurvy, malaria, hepatic cirrhosis, heart disease, nephritis, intestinal parasites.

The positiv pole of a galvanic current at 15 to 40 milliamperes, inserted into the uterus, is one of the best of hemostatic agents. Intra-uterin applications of iodin or nitrate of silver solution are at times effectiv. Cauterization of the endometrium, since 1898, by live steam, has been extensivly and effectivly employed. It is known as atmokausis, and the special apparatus for its employment is made by Hahn u. Lochel, Dantzig, Germany. Zestokausis means the cauterization of the endometrium by steam in pipes which prevent the actual steam touching the endometrium. Malignancy, any disease of the appendages, fibroids, and polyps must be excluded before the application. It is not devoid of danger, and two deaths are recorded among the successes. It is the dernier resort before extirpation of the uterus, which must sometimes be considered, especially as the woman approaches the time of the menopause.—ED.]

Carbolic Acid "Stains."

EDITOR MEDICAL WORLD:—Will you please advise me thru your valuable journal of some remedy that will remove discoloration of the skin caused by carbolic acid? Have only tried lemon juice, but failed. W.; PENNA.

[We know of no method of removing "carbolic acid stains" from the hand. The "stain" left by carbolic acid in contact with the skin is due to the destructiv action of the acid on the skin, and we do not think it possible to "remove" it except by the natural regeneration of tissue.

You might, however, try the following formula, which is recommended as efficient in removal of nitric acid "stains" on the skin: Paint the stain with a solution of permanganate of potash, and wash off the permanganate with a 5 per cent. solution of hydrochloric acid. After this, wash the hands with water and pure castile soap. Alcohol, being a local antagonist of carbolic acid, would correct if applied soon enuf; but usually the harm has been done before alcohol could be applied.—ED.]

Gaseous Fermentation of Food Following Pneumonia.

EDITOR MEDICAL WORLD:—I have a patient, male, married, who is convalescent from pneumonia, and having great trouble with gastric and intestinal gas. I have used about all of the general carminativs with only slight effect. The patient has suffered from indigestion prior to this illness.

If I could get rid of the gas he could get along very nicely. The patient has been in bed about two months, and is very weak. I was called to see him about two weeks ago; is now gaining some strength. Please advise me what I can use for the fermentation. WADE H. CARTER.

Eggleston, Va.

[It is quite likely that much of the trouble comes from the weakness of digestion consequent upon his illness, which, of course, is to be met by the use of only easily digestible foods, in appropriate quantities. Patients convalescent from such illness will eat more than they should, and consume articles they should not have, unless the directions as to diet are rigid and strictly enforced. Usually milk punch will aid in satisfying the continual hunger of these cases, so that less solid food will be

Digitized by Google

demanded; it is generally acceptable and very nourishing. The liquid pepsin and pancreatin compounds will aid in stimulating the stomach to digestion, and in this way retard gaseous fermentation in stomach and bowels.

Betanaphtol, in five-grain doses, every three hours, will retard the gas formation in most cases. If used in tablet form, it must be well crusht before administration, and followed by a large draught of water.—ED.]

Bladder Trouble in an Old Man.

EDITOR MEDICAL WORLD:—Please prescribe for a patient 82 years old, in fine health except incontinence of urin. Bladder irritable with relaxation of sphincter. Has taken the usual course, as indefinitly spoken of in the books. Can retain water six hours in bed. During day only two or three hours. If mind is occupied, not so often. When desire comes, has to be in a hurry to reach the urinal, even to void only a few drops. Running water, as from a hydrant, excites the desire to urinate. When his mind is occupied, as at church or when reading, he is not troubled. Eats and sleeps well. Prostate may be enlarged. Drinks no whisky nor beer. I believe strychnin does him more good than anything I have tried.

Gonzales, Texas. R. N. C. TATE, M.D.

[Strychnin is all right in many of these cases, and it may often be reinforced and aided by ergot. It is possible that you might reduce the irritability of the bladder by the use of 7½-grain doses of hexamethylenetetramin, in capsule, three or four times a day. You can prolong the intervals at night by raising the foot of the bed eight or ten inches from the floor. If the annoyance is enuf to justify, in daylight, you might procure for him a "male day rubber urinal." This appliance is worn inside the trouser leg, and buckles about the waist, so that the penis may be retained within it, and it catches all dribbling urin, and will even permit the wearer to void urin in the presence of another party without his knowledge. They are emptied by unscrewing a cap at the side of the shoe. They are not visible when worn. Any instrument dealer will supply you.—ED.]

Obstinate Urticaria.

EDITOR MEDICAL WORLD:—I have a patient that I am unable to relieve. I consult nearly every doctor I meet about her. Woman, age 26 years, has had urticaria since a child. I cannot find the cause. The digestiv, circulatory, nervous, genito-urinary and respiratory systems are negativ. Menses normal; no constipation nor gastro-intestinal irritation. Father perfectly healthy; mother very nervous; her age, 46. Has two brothers; one of the brothers has had a few hives, but nothing to speak of. Two sisters; one has been troubled with urticaria, but it disappears with simple washes; the other sister is very nervous (don't know cause).

The hives appear in early spring and last as long as the hot weather continues; they cover the entire body (except face), are large (size of dollar), and somewhat elevated and very red, with intense itching. No blebs form; *sometimes* (very rare) a slight yellow discoloration is left at site of hive. One crop does not disappear until another appears, each crop lasting from three days to a week. She has a boy four years old that is troubled the same identical way. I have tried agents to aid digestion, intestinal antiseptics (sulfo-carbolates, salol, betanaphtol, etc.). Tried the bromids, arsenic, potassium salts, calcium salts (lactate), atropin, calomel and soda, salicylates, quinin, iron, etc., and I have applied everything I could think of: iodin, ichthyol, bichlorid sodium, hyposulf., acid carb., hydrocyanic acid, etc.

Now, I wish some one would tell me what to do. These patients receive immediate relief upon going to a high altitude. The hives completely disappear. CALIFORNIA.

[Truly an obstinate case, Doctor, and one that has been well treated. We can only make suggestions for further trial. These have relieved many obstinate cases for us, and may relieve your patient. Give 7½ to 10-grain doses of calcium chlorid, in water, every three to four hours. Try use of a lotion containing 3 drams of carbolic acid and 1 ounce of glycerin to the pint. Try thoro purgation with magnesium sulfate.

Had you permitted publication of your name and address, without doubt you would receive many valuable suggestions direct from various members of the family.—ED.]

Possibly Cancer of Penis.

EDITOR MEDICAL WORLD:—A man 64 years old has an affliction of his generativ organ in the form of an ulcer. More than two-thirds of the glans has been destroyed. Part of the corona is involved. The whole face of the glans penis is an open sore, discharging sanious and puriform matter. When I first saw it the surface was of a grayish tint. Under the stimulus of ung. hydrarg. diluted with vaselin, and the addition of quinin sulf., the surface has changed into a reddish hue with some lividity at certain points. The patient has no signs of syphilis; never had chancre. He had an attack of gonorrhea about five years ago, but had entirely recovered from it. It started with a small pimple-like ulcer, which gradually spread, until the whole glans has become eroded. Is it cancer? or gangrene? What can be predicted by way of prognosis?

Allentown, Pa. E. F. STICKEL, M.D.

[We think you have to deal with epithelioma of the penis. If there be but slight involvment of the inguinal lymphatics, prompt amputation of the penis offers him good ground for hope of cure, if all glands be removed at the same time. If there is absolutely no lymphatic involvment, immediate amputation promises almost certain

Digitized by Google

cure. Only about .25 per cent. of recurrences in the stump take place, and this includes all classes of cases operated on. Your case would seem most favorable, since we imagin the duration of the ulceration has not been long. See any work on genito-urinary surgery for technic of the operation.—ED.]

CURRENT MEDICAL THOUGHT

Cough Remedies.

There has been a gradual change from year to year in formulas for cough mixtures, yet "Pinus Alba Comp." with various additions such as tar, etc., and the several compounds of tolu and wild cherry, squills and senega, etc., are prescribed almost as freely as ever.

That there is little value in wild cherry, tolu, and white pine beyond the pleasant flavor which they impart is well known, and we have eliminated them entirely from the formulas which follow.

Chloroform is another drug that is probably of less value than it usually has credit for, simply because it is insoluble in aqueous solutions: hence very little can be incorporated in a cough mixture unless it contains considerable alcohol, without considerable risk of getting a few doses of pure chloroform.

Among the newer additions to the list of agents employed, terpin hydrate and heroin have become prominent; but in using terpin hydrate a much larger amount of alcohol is required for its solution. The N. F. formula for elixir terpin hydrate calls for 13 fluid ounces of alcohol in a 32-ounce mixture.

The superiority of glycerin to syrup as a base is, of course, so evident that no one will dispute it. The only objection to the change is the increast cost. But this should not be considered, and would not be considered in the majority of cases.

In considering formulas for remedies for coughs and colds, let us eliminate white pine, wild cherry and tolu, and consider only the activ agents with suitable flavors to insure a pleasant appearance as well as taste. A pleasant and palatable mixture always seems to give better results than the dirty, nauseating concoctions that are occasionally prescribed.

We take pleasure in submitting a few formulas which we believe will be found superior to the various "pinus albas" and "wild cherrys" and "tars" and "tolus" which have been used so thoughtlessly and indiscriminately in the past. We have also had in mind working formulas that are so simple that no physician need fear to attempt their manufacture.

Cough Syrup No. 1.

Nitrate sanguinarine	5 gr.
Tartar emetic	10 gr.
Muriate ammonia	1 oz. av.
Menthol	10 gr.
Artificial oil almonds	10 min.
Alcohol	1 fl. oz.
Sugar	2 lb. av.
Water	1 pint.
Talc	1 oz. av.

Dissolve the tartar emetic in 2 ounces of boiling water, dissolve the sanguinarine and the muriate of ammonia in 6 ounces of water, and mix the two solutions. Dissolve the menthol and artificial oil almonds in the alcohol and mix thoroly with the talc in a mortar. Gradually add the aqueous solution with constant stirring and filter thru a wetted filter; lastly add the sugar. Stir occasionally until dissolved, and strain.

May be colored with caramel if desired.

In this formula we get away completely from the old compounds, yet we know that this formula will give all-around satisfaction. It is easily made; it is very handsome in appearance and as palatable as one could wish; it is, withal, inexpensiv.

It contains no opiates, no chloroform, no terpin hydrate, but these may be added as desired. As suggestions for such additions we submit the following:

Cough Syrup No. 1 With Heroin.

Cough syrup No. 1	1 quart
Heroin hydrochlorid	10 gr.

Dissolve the heroin in a little water and add to the syrup. Contains about 1-25th gr. heroin in each fluidram.

Cough Syrup No. 1 With Codein.

Cough syrup No. 1	1 quart.
Codeine sulfate	6 gr.

Dissolve the codein in a little water and add to the syrup. Contains about 1-42d gr. codein in each fluidram.

If you add chloroform, a shake label must be attached.

Cough Syrup No 1 With Terpin Hydrate.

Cough syrup No. 1	1 pint.
Terpin hydrate, powdered	256 gr.
Alcohol	1 pint.

Dissolve the terpin hydrate in the alcohol and mix with the syrup. Each fluidram contains 1 gr. terpin hydrate.

Terpin hydrate is preferably given in tablet form.

The substitution of glycerin, wholly or in part, for sugar is desirable, it being less liable to disagree with the stomach. We submit the following formulas:

Cough Glycerole No. 1.

Nitrate sanguinarine	5 gr.
Tartar emetic	10 gr.
Muriate ammonia	1 oz. av.
Menthol	10 gr.
Artificial oil almonds	10 min.
Water	8 fl. oz.
Talc	½ oz. av.
Alcohol	1 fl. oz.
Saccharin	2 gr.
Glycerin, q. s.	1 quart.

Dissolve the sanguinarine in an ounce of water. Dissolve the tartar emetic in an ounce of boiling water. Dissolve the saccharin in an ounce of water by aid of a few grains of the muriate of ammonia. Dissolve the balance of ammonia in 5 ounces of water. Now mix the solutions.

Put the talc in a mortar, add the menthol and oil almonds, previously dissolved in an ounce of alcohol, and stir until smooth. Gradually add the solution of the salts, constantly

Digitized by Google

stirring, and filter thru a wet filter; lastly add glycerin q. s. to make 1 quart.

Additions to this "stock" glycerole may be made as required.—*Physicians Drug News.*

The above illustrates an instrument recently designed by Dr. J. Edward Heyser, of Philadelphia, for the purpose of preventing masturbation in otherwise intractable cases. It consists of a truss-like arrangement as above illustrated, for the purpose of holding the metallic case in place. The metallic case illustrated above tells its own story. The "harness" is lockt on, so that it is impossible for the patient to abuse himself. It is to be worn both day and night, but it should be removed about once every twenty-four hours for cleansing. This instrument has cured a case in which every other means had been tried in vain—the penis had been repeatedly blistered, the urethra had been laid open for about one inch, and even gonorrhea inoculation was resorted to, but all in vain. This led to the designing of the above instrument to "lock it up"; and this cured the case. This instrument will have a field in institutions where many of these unfortunate cases are confined, as well as in private practise.

Simple Refraction.

Dr. C. F. Taylor, Philadelphia, Pa.:

DEAR DOCTOR:—At the late meeting of the Ophthalmic Section, A. M. A. (1,100 members), the undersigned were appointed a committee to promote *a working knowledge of simple refraction* among family physicians.

It has secured abundant evidence that such knowledge has been acquired and is now used by many physicians, so proving that all medical men can do likewise, if they so desire.

But that the practise may become uniform, it is necessary that the State Boards of Registration require it for license and medical colleges teach it in course.

Recognizing its importance, the Michigan State Board of Registration, on February 12, 1909, notified medical colleges that thereafter it would grant licenses to practise only to such applicants as demonstrated on a living subject with simple spherical lenses and test types their working knowledge of simple refraction.

Your committee is confident that every State Board of Registration would make a like requirement if it grasped the situation; and then all medical colleges would qualify their students therefor.

Recalling the fact that our system of medical education makes no adequate provision for training the family physician in simple refraction, and that it is impossible for experts to meet the needs of all the people in this respect, it is plain that this class of cases had no source of relief other than the optician. But if the State Boards require a working knowledge of simple refraction for license, the needs of all the people will be fully met by qualified physicians, and the optician resume his normal vocation as a spectacle merchant.

Recognizing your great influence in medical affairs, and assuming your vital interest in enlarging the field of family practise, your committee confidently ask your activ endeavor to persuade your State Board of Registration to require "a working knowledge of simple refraction" from each applicant for license.

Each member of your committee stands ready to assist you to a fuller understanding of the situation, or to cooperate with you in seeking its relief.

With thanks for your aid, we remain, dear Doctor,

Sincerely yours,

LEARTUS CONNOR,
Detroit, Mich.; *Chairman.*
A. R. BAKER,
Cleveland, Ohio.
J. THORINGTON,
Philadelphia, Pa.

91 Lafayette Boulevard, Detroit, Mich.

Virginia Examination Questions with Answers.

Used June 22, 23, 24, and 25, 1909.

(Continued from February.)

MATERIA MEDICA.

1. Name the preparations of manganese. Give dose and physiological action of each preparation.
2. Describe the physiological effects of emetin.
3. Compare the effects of hyoscyamus, belladonna, and stramonium.
4. Describe the toxic action of and give the antidotes to the salts of mercury.
5. What is ergot? What are its effects upon the parturient uterus? Give dose of the fluid extract.
6. Name the principal alkaloids of opium. Compare their effects and give the antagonists to opium poisoning.

Answers to the Above Questions.

1. *Preparations of manganese:* (1) Precipitated manganese dioxid; dose, gr. iv. It has an astringent action. (2) Manganese hypophosphite; dose, gr. iij. It has little or no physiological action. (3) Manganese sulfate; dose, gr. iv. Its action is first astringent, later emetic and purgativ. (4) Potassium permanganate; dose, gr. j. It is a deodorant and disinfectant; also irritant.

2. *Emetin* is, in small doses, a gastric stimulant; it then acts on the vomiting centre in the medulla, and is thus an indirect emetic; it produces but slight nausea and depression; it stimulates the bronchi to increast secretion, moderately depresses the circulation, is a slight diaphoretic, and acts on the liver as a direct cholagog.

3. "The action of hyoscyamus is almost identical with that of belladonna and stramonium. The following are the chief points of difference: (1) Hyoscyamus contains in addition hyoscine in minute quantities. This is a powerful cerebral and spinal sedativ, and therefore the excitation and delirium occasioned by the atropine in belladonna are not so evident when hyoscyamus is given; indeed, that may, owing to the hyoscine in it, distinctly depress the higher functions of the brain. The heart is not quite so powerfully affected by hyoscyamus as by belladonna, for hyoscine has a comparativly feeble cardiac influence. Still, it is, of course, affected by the hyoscyamine, which acts like atropine. (2) Hyoscyamus increases the peristatic contractions of the intestins more powerfully than belladonna, and at the same time it is more efficient in relieving the griping of other purgativs. (3) Hyoscyamus has a more markedly sedativ action on the urinary unstriped muscle than belladonna."—(White & Wilcox's *Materia Medica, etc.*)

4. The toxic action of the salts of mercury is indicated by: Pain in mouth and stomach, gastroenteritis, hematemesis, bloody stools, scanty and albuminous urin with casts, salivation.

Digitized by Google

Antidote: White of egg in moderate quantity, followed by an emetic.

5. *Ergot* is the sclerotium of the claviceps purpurea. It excites contractions in the parturient uterus. The dose of the fluid extract is thirty minims.

6. The *principal alkaloids of opium* are: Morphine, codeine, thebaine, narcotine, narceine, papaverine. In *soporific effects,* beginning with the most powerful, they rank: Narcotine, morphine, codeine; in *tetanizing action:* Thebain, papaverin, narcotin, codein, morphin; in *toxic action:* Thebain, codein, papaverin, narcein, morphin, narcotin.

Antagonists: Potassium permanganate, atropine, caffein, and strychnin.

CHEMISTRY.

1. Describe iodin. From what source is it chiefly obtained? What are its uses? Give a simple test for iodin.

2. What elements are known as the alkali-metals? Give some of their common properties.

3. Give formulæ of three official potassium salts, indicating the uses of each.

4. To what does potassium permanganate owe its disinfectant properties? Explain this reaction.

5. Give the formulae of mercurous chlorid and mercuric chlorid. Describe the difference between them as regards their physical appearance and medicinal properties and uses.

6. Give formula of chloral hydrate. How is it prepared? Give uses.

Answers to the Above Questions.

1. *Iodin* is a solid crystalline substance, having a blue-gray color and metallic lustre; the vapor has a violet color and a peculiar odor, and is very irritating to the eyes and nose. It stains the skin, and is poisonous. It is only slightly soluble in water. It is obtained from seaweed.

Test for iodin: Add starch paste; in the presence of iodin it becomes blue.

2. The *alkali metals* are: Lithium, sodium, potassium, rubidium, cesium (and silver). They are all solids, univalent; their hydroxids are more or less alkalin and are basic; they form one chlorid and one or more oxids.

3. Potassium iodid. KI. Potassium permanganate, $K_2Mn_2O_8$. Potassium chlorate, $KClO_3$. The first is used in the third stage of syphilis, gonorrheal rheumatism, aneurysm, pleurisy, asthma, pericarditis. The second is used as a disinfectant, deodorant, and antiseptic. The third is used in sore throat, tonsilitis and stomatitis.

4. Potassium permanganate is a very activ oxidizing agent, and its action as a disinfectant is due to the oxidation of the organic matter with which it comes in contact. The splitting up of potassium permanganate and the prompt liberation of the oxygen is shown in the following equation: $2K_2Mn_2O_8 + 2H_2O = 4MnO_2 + 4KHO + 3O_2$.

5. *Mercuric chlorid,* $HgCl_2$, corrosiv sublimate, is heavy, white and crystalline; it has a strong, acrid, styptic taste and is soluble in water, in alcohol, and in ether; it is decomposed by exposure to light. It is used as a disinfectant, antiseptic, antiparasiticide, and as a cholagog.

Mercurous chlorid, Hg_2Cl_2, calomel, is a heavy, white powder, amorphous, tasteless, and odorless; it is insoluble in cold water and in alcohol, and very slightly soluble in boiling water; when exposed to the light it becomes discolored (first yellow, then gray) and partially decomposed; it sublimes without fusing; it is incompatible with the mineral acids, with the alkaline chlorids, bromids, and iodids. It is used as a laxativ, purgativ, diuretic; in cases of vomiting, liver congestion or cirrhosis, and as a hypnotic and sedativ; as a solvent for resins, starch,

6. *Chloral hydrate.* Formula, $CCl_3CH(OH)_2$. It is prepared by adding a little water to chloral. It is used as a hypnotic and sedativ; as a solvent for resins, starch. etc.; also in alcoholism, mania, high arterial tension, tetanus, and strychnin poisoning.

TOXICOLOGY.

1. Give symptoms and treatment of acute arsenical poisoning.

2. Give symptoms and treatment of chronic arsenical poisoning.

3. What is trichiniasis? How produced, and how may it be recognized?

Answers to the Above Questions.

1. The *symptoms of acute arsenical poisoning:* Nausea and faintness, severe burning pain in the stomach, persistent vomiting of matters, sometimes brown or gray, or streaked with blood, or green; purging, and cramps in the legs. *Treatment:* Induce vomiting, by zinc sulfate; use stomach tube. The chemical antidote is freshly prepared ferric hydroxid. The ferric hydroxide changes the arsenic into ferrous arsenate, which is non-poisonous.

2. *Symptoms of chronic arsenical poisoning:* Inflammation of the conjunctivæ, with intolerance of light. Irritation of the skin, accompanied by an eruption (eczema arsenicale); local paralyses; great weakness and emaciation; exfoliation of the cuticle and falling out of the hair. *Treatment:* Remove the patient from the exposure and treat the symptoms as they arise; potassium iodid has been recommended.

3. *Trichiniasis* is the condition resulting from eating pork containing *Trichina spiralis.* It is characterized by gastrointestinal irritation, diarrhea, colicky pains, vomiting, fever, sweating, edema of the face and eyelids, great prostration, muscular soreness, emaciation, pronounced leucocytosis, especially increase of the eosinophiles. The trichina may be found in pieces of muscle excised for purposes of examination, or in the stools.

MEDICAL JURISPRUDENCE.

1. Give medicolegal definition of wound.

2. Describe following kinds ofwounds: Incised, punctured, lacerated, contused. What is coma? Mention three causes of coma.

Answers to the Above Questions.

1. A *wound* (medicolegal) is any injury or lesion caused by mechanical or chemical means.

2. *Incised wounds* are made by sharp-cutting instruments; the hemorrhage is free, the wound gapes, there is no bruising of the margins. *Punctured wounds* are deep wounds with a small orifice; they are made by narrow instruments. *Lacerated* and *contused wounds* are made by blunt instruments and by crushing; the soft parts are torn, the edges are bruised and ragged, the deep parts are infiltrated with blood; there is little free bleeding.

Coma is a condition of profound insensibility, chiefly due to a changed condition of the brain. *Three causes of coma:* Apoplexy, opium, alcohol.—*Medical Record.*

(*To be continued.*)

SPONDYLOTHERAPY: Spinal Concussion and the Application of Other Methods to the Spine in the Treatment of Disease. By Albert Abrams, A.M., M.D., F.R.M.S. Illustrated. The Philopolis Press, San Francisco, Cal. 1910.

This book is a forerunner of a series of books sure to follow, from the medical men of this country, to prove that the general practician of medicin is not so totally ignorant of spinal reflexes as a certain class of "*thru-the-spine cure-all*" men would have the general public believe. Dr. Abrams, so favorably known thru several excellent works, has succeeded most admirably in this, his latest, to explain clearly so many conditions that have previously been considered most obscure.

The book has been gotten up rather hurriedly, to judge from several chapters, but it is to be hoped that new and more practical material will be added in the editions which are sure to follow. With the excellent clinical material at the disposition of this recognized authority, we hope for more practical instruction in future editions. Nothing instructs the general practician so well as a careful description of cases and their treatment, successful or otherwise.

On behalf of the medical profession, THE WORLD begs to extend to Dr. Abrams its most sincere thanks for this excellent volume, and the Editor feels sure that every one who reads the book will wish for more practical information from the same competent source.

Beginning with the January, 1910, issue, the old establisht *Medical Review of Reviews* will be edited by Dr. William J. Robinson, editor and founder of the famous *Critic and Guide, Therapeutic Medicin,* and *The American Journal of Urology.* The editorial offices of the *Medical Review of Reviews* have been removed to 12 Mt. Morris Park W., New York City. The scope of the journal will be enlarged, and every department will be strengthened. The subscription price remains the same, namely, $2 per annum.

Digitized by Google

"Talk" may be separated from THE WORLD by cutting this leaf on this line. Thus "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

OUR MONTHLY TALK.

Politically we are still in a waiting attitude—waiting for a republican Congress to fulfill its platform pledges. This will be a test as to whether or not they were in earnest when they made those pledges, or whether they made them to fool the trusting republican voters—shall I say *again*? As to whether or not these pledges were meant reminds me of a little incident in the career of former Governor Waite, of Colorado. He was criticised (while governor) for swearing. In a speech shortly after, he confest and apologized in this way: "Yes, I do swear sometimes, and the preachers pray; but the Lord knows that neither of us means anything by it." President Taft seems determined to bring his republican forces in Congress to the test as to whether they "meant anything by it" or not.

I have never been a pessimist. As long as the sun shines, and the blessings of the Almighty are poured out to us, the human heart will beat hopefully, and will look with confidence into the future. We, in this great and rich country, have special reason to be thankful for the blessings that have been bestowed upon us with a lavish hand—and we use them so wastefully, and use our opportunities so awkwardly! If we were not so well off, we would not be so lenient with those selfish interests that secure special privileges for themselves, with no care for the general welfare.

In my optimism I have often said that there are many, many thousands of good democrats (who believe in equal opportunities for all, with special privileges to none) among the republican voters. And these democratic-republican voters have forced upon their un-democratic leaders the things which President Taft is now forcing them to put thru Congress. Here we see the spectacle of democratic (or populistic) measures forced upon an aristocratic party—aristocratic in its leadership. But that is not an unusual thing in politics. The aristocrats (privileged classes) want to hold the reins; and if democratic measures *must* be put into law, *they* want to do it. Just like they said, "the tariff should be revised by *its friends*"—and it was! It is better in many ways than the old tariff, but it is very different from what it would have been if it had been revised by *the people's* friends. So with the Postal Savings Banks bill, and other progressiv measures in the republican platform. They will be framed with special view to being as little detrimental as possible to the privileged classes (in this instance the bankers)—with this in view rather than the interests of the people. These remarks are made "at" the reactionary, the conservativ republicans in Congress, and they do not apply to our President, who is showing some signs of real greatness; nor do they apply to that brave and progressiv band of republican "insurgents" in Congress.

But what about the democrats in Congress? They stand ready to support all the republican progressiv policies (ship subsidies would not be considered progressiv by the democrats) and more. But President Taft does not seem to want their help; and President Roosevelt treated the democrats in Congress shamefully, tho some of his measures were assured, and others saved by democratic votes. This seems to be the way of party politics—to ignore the other party. I confess I do not understand it. It is not patriotism. As I have said that President Taft is *our* president—president for democrats as well as republicans, so the members of both houses of Congress should be *our* law makers. Just think of this. It may be a new thought to some. The chief object of both parties in Congress is to so shape things that they may carry the next election. Is that the purpose for which we send men to Congress?

An editorial in the Phila. Ledger for February 1st puts the situation this way:

> It is probable that but a small part of the majority ever took the platform promises with great seriousness or as involving more than an engagement to give some attention to the subjects mentioned. They expected to do something about the interstae commerce laws, the anti-trust laws, the land laws and various other matters, but they did not hold themselves bound to "any particular measure." To have a whole list of specific enactments now placed before them and the support of these made a test of party loyalty, creates a situation as unexpected as unwelcome.
>
> * * * * * * * * * *
>
> As a matter of fact, they understand that the more conservativ leaders have no interest in the most of these projects and are supporting them only for considerations of supposed expediency.

As long as you send Aldriches and Cannons and their followers you must expect private interests—"big business"—to get first attention; and if the interests of the general public get any attention it is because strong pressure is made. Funny, isn't it—that people will choose such men to be their agents, time after time, when in fact they do not act as their agents except when compelled to do so. An agent should serve his principal first, last, and all the time; and do it energetically, and with singleness of purpose. Was the last tariff law made up in that way? Ask the "insurgent" republicans.

❧ ❧ ❧

President Taft added to his laurels in his Lincoln's birthday speech in New York. There in the midst of republican corporation and trust magnates he had the temerity to speak boldly for the carrying out of the platform pledges in good faith. And as to inforcing the provisions of the Sherman anti-trust law (the decisions of the Supreme Court in the American Tobacco case and the Standard Oil case are expected soon), he says:

> No one has a motiv as strong as the administration in power to cultivate and strengthen business confidence and business prosperity. But it does rest with the national government to inforce the law, and if the inforcement of the law is not consistent with the present methods of carrying on business, then it does not speak well for the present methods of conducting business, and they must be changed to conform to the law.

So if the Supreme Court sustains the Sherman law, as is expected, we may expect that a stop will be put to such abuses of power by large corporations, as suppression of competition in a locality where an "independent" may be trying to get a start, by putting down prices in such locality or localities, while maintaining the original or even higher prices in other localities in order to make up the loss sustained in the competition-killing process. The trusts maintain their control in this way and in other mean ways which are clearly a violation of the Sherman law; and the President seems determined to put a stop to such methods of business. I have been watching his expressions carefully, and he seems to have a good grasp of the matter, and

Digitized by Google

seems to be determined. He is now only awaiting the decision of the Supreme Court in one or both of the above mentioned cases. His position in regard to what the new legislation should be in regard to strengthening the Interstate Commerce Commission, National incorporation, postal savings banks, etc. (except ship subsidy), is sound and good. Will his party in Congress heed his advice and enact his views into law? I hope so; for if this Congress does not "make good," the next House will be democratic, and then the House and Senate, one being democratic and the other republican, will play see-saw, and present evils will continue all the longer.

❦ ❦ ❦

I wish to say to the voter in the ranks, the citizen in private life, that it is due to him that the progressiv measures now apparently about to be enacted into law by the republican party have been forced to the front. Do you remember how earnestly postal savings banks, for example, were advocated in these columns, many years ago? These things were far from the thoughts of the republican party at that time. You talkt of them among your patrons, and had extracts from these Talks publisht in your local papers, and thus sentiment was created, and now much of that sentiment seems about to be enacted into law. Your supposed leaders are really your followers. They scent your sentiments, then adopt them. So be encouraged to think for yourself, and talk your thoughts freely. It will not be in vain.

Here is something progressiv from Sweden:

> The speech from the throne, however, announced that new taxation would be necessary, involving an increase of coffee, inheritance duties, and the introduction of income and estate taxes. The army and navy estimates have been considerably reduced.

And of course you know the result of the English elections. Perhaps the new Parliament will be in full action before these lines reach your eyes, and perhaps the Budget will have become a law, and perhaps the Lords will have had their wings clipt. The nations of the earth are making great history at the present time, and the tendency everywhere is to *tax wealth*—except in this land of wealth. We will get to it after a while. Just keep talking it—I will continue writing it; and maybe we can even get it into the republican platform—and then maybe a republican president will compel his party to keep its platform promises.

❦ ❦ ❦

The following comes from Dr. E. C. M. Hall, of New Haven, Conn.:

> Note from the Journal of the National Association of Retail Druggists, Sept., 1909.
>
> Recommendations adopted.
>
> "That all parcels post bills continue to receive the *vigorous opposition* of the retail drug trade, and that members of Congress be pledged before their election to defeat such legislation."
>
> "That a committee be appointed [by the N. A. R. D.] to act in conjunction with a committee appointed by the A. M. A. [!!!!] to discourage dispensing by physicians."
>
> Comment on the above is unnecessary. I suppose the *dispensing members* of the A. M. A. will continue to support that institution and do whatever Simmons says.

I have heard it said that retail druggists, as a class, are men of small conceptions—probably because their constant occupation is in making small sales—they get into the habit of counting the pennies—and thinking in pennies. Be that as it may, the opposition to a reasonable package post is narrow, unpatriotic, and their motiv is evidently selfish. They would stand in the way of the rights of the people to further their little, selfish ends. They condemn themselves in the estimation of broad, patriotic citizens. The express companies oppose a package post, because they want the people to pay tribute to them, and we condemn their presumption. There are other selfish obstructors to progress besides the express companies; and there are still others besides the retail druggists—the retail hardware men, for example, and perhaps the small merchants in genreal. But how about the people—the masses of the people who are not small merchants? Shall we continue to be the prey of the express companies and the small merchants?

Concerning Religious Matters

I have been getting figures from my clerks, and I am sad to be forced to the conclusion that the readers of THE MEDICAL WORLD are not, as a rule, wide readers and liberal thinkers. The following figures show the facts: 176 copies of the Sheldon book have been ordered thru us. We get word from the publisher's office that 47 copies were ordered direct, the majority of which, perhaps, were ordered by WORLD readers. The clerks are so busy at this time in the year that I did not bother them to look up the exact number of the Gladden books ordered, but it is safe to say that they were not more than one-third the number of the Sheldon books, and I have no word from the publishers in Boston as to direct orders. By the way, some are forgetting that the price of the Gladden book is $1.25, while the price of the Sheldon book is $1—see December WORLD, adv. page 20. Also let me say that no one has returned either of these books and claimed his "money back," as per my offer in the small print on adv. page 22 of December number; so those who have bought and read these books must be very well satisfied with them.

The above returns are meager, from 25,000 supposed to be wide-awake and progressiv doctors; and when we consider that many who did order, ordered *both* books, the total number who acted upon my recommendation is still less. I will venture the opinion that most of those who ordered these books are those who need them the least; while many of those who need them most would not read them if they were placed in their hands entirely free. It was ever thus. Those who have started on the road to lofty and independent thought will continue; while those who have not started can scarcely be "budged." The great popularity of many religious books, as "In His Steps," "Quo Vadis," etc., led me to believe that there was a greater popular interest in religious topics than in any other one subject; but maybe this generalization does not apply to doctors.

Another test of your interest in these deep and important matters: In November WORLD, page 504, lower part of second column, I mentioned a pamphlet, "The Bible, and What It Is," by Dr. W. A. Hinckle, and stated that it could be gotten for a two-cent stamp. Dr. Hinckle writes me that he received requests for 347 copies from 299 doctors. His supply was exhausted, and he republisht in larger type, in better form, 34 pages, changing the name to "The Evolution of the Bible." These he will

Digitized by Google

supply at 5 cents per copy, or 6 copies for 25 cents.

The Doctor sent me another of his addresses in manuscript, which I liked so well that I urged him to publish it; then I read still another address of his, and I again urged him to publish. The result is a nice little volume which he calls "The Evolution of Religion." Upon request he will send you a printed postal card telling you all about it. But as only about one out of a hundred of you will take the trouble to write him, even a postal card, for the information, I will reproduce his printed postal card here:

No one is competent to pass judgment until he has heard both sides of the case:

The Evolution of Religion *by Dr. William A. Hinckle presents in a scientific and interesting manner* **the other side** *of a question that should interest every thinking person.*

Here is the table of contents:

CHAPTER I. **The Foundation of Faith.**—Showing reason to be superior to revelation in matters of belief.

CHAPTER II. **The Evolution of the Bible.**—Telling how and when the words of men became the Word of God.

CHAPTER III. **Revealed Religion.**—Showing how revelation and superhuman authority have ever been a detriment to true religion.

CHAPTER IV. **The Evolution of the Trinity.**—Showing how and when Jesus, a devout son of man, came to be considered a virgin-born Son of God.

CHAPTER V. **The Gods That Are No More.**—Being a story of dead and dying gods and the evolution of the god idea.

CHAPTER VI. **Evolved Religion.**—Showing true religion to be ethics, not theology; a life, not a belief; an evolution, not a revelation.

Regardless of who you are or what you believe, you should read this book. Send for it, and if you are not satisfied, return it in good condition in 10 days and your money, less 5 cents postage, will be refunded.

The Evolution of Religion, 161 pages, sent postpaid in flexible cloth-lined leatherette cover for 30 cents; cloth 75 cents. Address

Dr. William A. Hinckle,
Peoria, Ill.

Let me say to the timid ones that I never recommend anything that is in the least degree scoffing or irreverent. I will further say that I will bear the loss if any WORLD reader orders the above book and if, after reading, wants his money returned. The doctor writes me that he sent to the 299 doctors above mentioned a circular describing his new and larger book, and as a result 108 copies of the larger book, and 141 of the enlarged original pamphlet were ordered. He gives me a few sentiments from enthusiastic doctors, the following being samples: Dr. Spencer Garwood, of East Liberty, Ohio, writes: "Your last four pages are a second Sermon on the Mount, improved with 1910 years of age." Dr. Henry Baker, of Yellow Springs, Ohio, sends a second order for nine copies of the larger and twelve copies of the smaller book, and says: "If I had the wealth of a Carnegie, I would arrange with you for the publication of your books by the ton, and would send them broadcast over the country."

But there is another effect of these "camp meeting" discussions that I hope is important, but it is difficult to measure. That is, many have been inspired to read up in the standard encyclopedias on such words as Bible; Canon; Pentateuch; Isaiah; etc.

❧ ❧ ❧

Now, this month, I am going to make room for at least a few of the *good* letters. But I will lead out, as usual, with one with which I cannot agree. Brother J. B. Thurman, of Stockbridge, Ga., renews for 1910, says that THE WORLD is such a good *medical* adviser that he would not like to be without it, but says I am *radically wrong* on spiritual matters. He says:

> You take from us what we have, and give us a *stone* in its stead. Doctor, unless you can *improve* upon it, let's have the Saviour's teachings as we find them.

Substantially this same sentiment has come in other letters, and I wish to answer it here. In the first place, I might ask, "What Saviour?" The world has always been and still is full of saviours. You are one, yourself, perhaps, if even in a very limited degree. But we all know that Dr. Thurman means Jesus of Nazareth. Teachings "as we find them" is well said; for "as we find them" they are perhaps very different from what they were as originally promulgated. We have not a single word written by Jesus—he left no written record of himself. The ethics exemplified by his beautiful life, and taught by his sweet and simple words as given by tradition, are probably genuin—they are so different from the current ethical ideas of the time; but the theological teachings ascribed to him were probably added by those who wrote about him years after he was dead. Does this shock you? It is not my dictum. It is the trend of the views of the biblical scholars.

But I can give you a shock that is purely my own. Some have written that if their belief were lost, *all* would be lost; and Father Cummins stakes all on the resurrection of the body. My shock is this: Suppose all knowledge of the Jewish records, the Jewish god (or gods), and the teachings of Jesus, were blotted from the minds of men; would "all be lost"? would we have anything left? About three-fourths of humanity would not be conscious of any loss. And what would we have left? The Buddhists would have all the teachings of the "gentle and wise one," and the Mohammedans would have "Allah, and Mohammed, His prophet," and many other teachers and "saviours" would be left—Confucius, Zoroaster, etc. And we would have left this beautiful world, the sun, moon and stars, and *God*—I do not mean a tribal god, nor the Jew god, Yahweh, or Jehovah, but the *universal* God—God, not of a tribe, or a people, or a nation, but of the universe.

Those who confine their knowledge and concern to the Jewish and Christian records would feel that all was lost, just like the Buddhists would feel if Buddha were lost to the world, or as the Mohammedans would feel if all records and knowledge of "The Prophet" were blotted out of existence. I take this means of illustrating the fact that part of the truth cannot

Digitized by Google

be *all* of the truth; and that God cannot be God unless he recognizes all and is God of all. Is this heresy? From the standpoint of the devout Mohammedan, it doubtless would be; but is it, really?

But in the hour of death—particularly the death of a loved one, where shall we get consolation? And here let us realize that the consolations of religion in trial and bereavement are not confined to one section of the world, nor to one religion. Those of other religions die as willingly and as happily as those of the Christian religion. I do not say this to underrate the Christian religion, for its refinements appeal to me far more powerfully than those of any other religion; but merely to indicate that *no* religion is *all;* and that if any one religion known to man were completely wiped out, *much* would be left. A man looking down a well who will not raise his eyes and look around him may think he sees all that there is—down that well. The well is all right; but I am trying to induce all the people that I can reach to raise their eyes and look around. That's all. God's glories await their hungry eyes.

At the present time the world could not well spare any of the great religions, because too many cling with dogged tenacity to *one* religion. But I hope the time will come when there will be a mutual understanding and cooperativ reciprocation among all the leading religions. This would add incalculably to the mental and spiritual wealth of humanity, and this would be truly and indeed a glory to God.

❧ ❧ ❧

But I am forgetting the letters that I thought I *must* put in this time, and they are now becoming so numerous that it is difficult to choose among them, and it is impossible to present all that are worthy of presentation. Dr. H. D. Fair, of Muncie, Ind., sends $3, and says:

I heartily congratulate you on the attitude THE WORLD is taking on religious problems, altho I believe you are only voicing a conclusion that will be reached, sooner or later, by every unprejudiced honest student. You are doing the contending and bigoted subscribers of THE WORLD a real favor by teaching them that the authorship of every book of the Bible is uncertain; that it *is* certain that but very few of them could have been written by the men to whom they are usually credited, and that it is just as certain that neither Matthew, Mark, Luke, nor John wrote the books bearing their names as it is that Moses did not nor could not have written the Pentateuch. It is also well enuf for them to know that the most enthusiastic and intemperate defenders of the Bible are those who know the least about its contents and compilation.

It always seems strange to me that the fabulous accounts found in the Bible receive so much credence when we have plenty of evidence that there is no myth, legend, supernatural occurrence, doctrin, rite or ceremony recorded therein but which can be paralleled in some ancient record centuries older than the Hebrew and Christian Scriptures dare pretend to be.

I was educated a strict Methodist, with the expectation that I enter the ministry; and it was hoped that I would get my knowledge at places where all information except that passing the censorship of orthodoxy was barred; but I had a chance to investigate for myself, and the more I delved into the subject the less orthodox I became. I am now an agnostic, happy in the knowledge that virtue brings its own reward and sin its own punishment; that death-bed repentance cannot transform a vile man into an angel, even if it were in any case desirable to do so; and that a good, true, loving, and moral man need have no fear regarding the future, even tho he refuse to believe in the virgin birth, vicarious atonement, and bodily resurrection.

I am not sure that I agree with all that Dr. Fair says. Contrary to the understanding of many of my readers, I am *not* trying to urge my own personal views. What I am trying to do is to inspire my readers to *think*, and to read widely and liberally. Is that dangerous? For example, concerning the authorship of the books of the Bible, I have not urged my views, but have askt you to read the matter up in the standard encyclopedias, and have recommended the book, "Who Wrote the Bible," by Rev. Washington Gladden, a devout and widely known scholar, the pastor of a Congregational church in Columbus, Ohio. Certainly that is not "dangerous" literature.

On the very same day, February 8th, that Dr. Fair's letter was written, another letter was sent to me from Muncie, Ind.—by Dr. J. N. Bell. He says:

I like THE WORLD the best of any journal that comes to me. Can get more out of it in the least amount of time. I do not agree with you on all you have said on politics and religion, but as I read and pay for THE WORLD as a medical journal, I presume I am at liberty to read as much or as little as I please of the other subjects.

So I guess there are no closed minds in Muncie. Dr. Bell leads us to suppose that he does not always read the political and religious parts of THE WORLD; but would you like to bet that he doesn't? He is not one of the "stop my paper" kind, and he will expand and grow, even if it be unconsciously.

And please remember, Mr. Orthodox, the man who expands and grows does not lose; he *gains*.

Here is another good Hoosier letter—there are plenty of them, not only from Hoosierdom, but from every state. Dr. Fred R. Gobbel, of English, Ind. (Sec. and Treas. of the Assoc. of Surgeons of the Southern Railway Co.), writes as follows:

DEAR DR. TAYLOR:—You will find inclosed check for $3.25, $1 of which is to be applied on my subscription (I do not know just when my subscription expires, but assure you that I do not want to miss a single number), $1 for book entitled "The Story of the Bible," by Walter L. Sheldon, and $1.25 for book, "Who Wrote the Bible," by Rev. Washington Gladden, as stated in your valuable journal of Dec., 1909. Please secure the above books and send to me as soon as convenient. I am a member of the Presbyterian Church and usually vote the democratic ticket; yet I am a "free thinker" religiously and politically; that is, I think and act for myself, try and read the best books, papers, and journals that I can get, medical, surgical, political, and religious, so that I may be able to form proper conclusions. I think that I have a receptiv mind and try and read and study while my mind is in a receptiv mood. I do not see how any physician with a closed mind, as some of your readers seem to have, can absorb very much new material from a medical or surgical journal. Let the good work of your journal, religious, political, and professional, go on.

Another score for the Presbyterians. They will succeed in revising their cruel creed before many more years pass away; the light of intelligence and the spirit of liberality is being admitted so freely among them. Here is a letter from Ohio—a great state:

LEXINGTON, OHIO, February 7, 1910.

DR. C. F. TAYLOR; DEAR DOCTOR:—Inclosed find subscription renewal.

I have enjoyed your religious discussions very much indeed. That they have been educational there is no room to doubt. I believe that the regeneration of the Church will have to come from without; that it can never possibly reform itself, being surrounded by the dead weight of twenty centuries, its creeds and errors hang like a pall of darkness from which its ministry is unable to extricate it. The world of thought (science) moves on, and is importunately demanding a criterion between truth and fiction.

This has become pre-eminently an age of specialism, and the great blessings of humanity and the blessings of God have been poured out without measure upon those who seek the truth. What can more clearly exemplify

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR per year, or FOUR YEARS for THREE DOLLARS; to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS; to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

ON ACCOUNT OF the regulations of the Post-Office Department limiting subscription credits, we must add FIFTY CENTS per year to the above rates when not paid in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII APRIL, 1910 No. 4

Harsh Criticism.

Some men, particularly young men in the profession, are much given to harsh criticism of those who differ from them in their beliefs, habits, or practise. They seem to believe that the stronger and more vitriolic their invectiv, the more it will make the victim squirm, and the more profound will its impression be upon those who hear or those who read. This is not at all the case. Wisdom, logic, moderation, and tolerance should always be a characteristic of our criticism of others, and it will always prove more convincing to the well-balanced man. He who criticises, generally does so in the hope of convincing others of the justice of his criticism, and of converting them to his views. If he seek the favor of justice, should he not be moderate and circumspect in his utterances? If he would proselyte successfully, must he not be gentle and gentlemanly?

The Editor confesses his desire, in earlier years, "to make the sparks fly" from his viril pen; but time has toned down and softened his "warlike" spirit, and he now accepts the doctrin of moderation in all things. THE WORLD is a forum, where the great mass of the profession speaks, and we must expect all temperaments to appear and be heard. We have often printed, to give to the profession a pen picture of the disposition of the man who wrote the article, things we would not have said ourselves. We have been pained by some expressions, but had we used our blue pencil too freely, we would have emasculated the article and distorted the picture.

If one, when tempted to criticise harshly, would write out his criticism as judiciously as he can in the temper in which he finds himself, and then lay the article away for a day or so "till his blood has cooled," and then read it over carefully and dispassionately, he would find that he was not nearly so angry as he thought he was when he first wrote, and very often the article would be destroyed instead of mailed, or it would be toned down to respectable and respectful language. If you think a man is a quack or a scoundrel, don't hope to convert him by making him angry. If he seems honest, give him credit for his honesty; if he seems to you in error or misguided, deal with him gently and try to have him see things in the purer light of your own soul. Very often bigotry inspires harsh criticism, and it can never be hidden by the man who rushes into print in a passion. A man may be self-centred, and have constipated ideas, yet if he has these faults blended with slowness of judgment and evenness

Digitized by Google

of tone, he will often be able to conceal his own weaknesses. As a rule, the man who is harshest in his criticisms has many glaring faults and numerous serious errors to his own debit. The amount of "hot air" many a man expels is an unfailing index to his own light weight and lack of brains and experience. Let the young man learn to appear in the forum with due respect for those whose age, at least, entitles them to his respect. Let him also learn that he will win more respect for himself and for his argument if he present it dispassionately, and shorn as completely as possible of all offensiv personalities.

Is There Any Chance for Advancement for the Middle-Aged General Practician in Country Practise?

In another column will be noticed a letter from a country doctor who realizes that he has reached the limits of his community, and who has had the fact borne in upon him that he can never again hope to see new horizons open for him. He is not a "failure," nor is he a "back number." He is working hard, and has workt hard. He is well equipt, and we are convinced, competent. He has "done well"; but he realizes that from now on, he will be traveling the down grade, and that he will not do so "well" in future. He will never again endure as much exposure to the elements as he now has to his credit. He will be weary and worn after long night rides, over bad roads, or after a long night's sleepless vigil. He does not say so, but in his heart he is seeing (in his mind's eye) his most valued patients and "oldest friends" drift towards and into the arms of a younger practician.

There is much that is pathetic in it all, and yet he is in a much better position than many of his brothers scattered thru the country. He has "raised" and provided for his family respectably and comfortably. He is not in danger of want, if he continue zealously guarding his savings. He can continue working probably twenty years yet, so that his reserve certainly should not dwindle to a less amount at the end of that period, and in all likelihood will amount to a half more, or even be doubled. He is in a rural district, where land is probably low in price, and he can, if he will, obtain possession of some acres in future.

But his heart is yearning for "progress." His life has been, to a certain degree, a disappointment. He has an easy conscience, but he would like to reap the fruits of his years of arduous work and valuable experience in an extended field which would redound to his greater glory and financial returns. He has saved some money, yet he realizes that he could have made much more by intelligently tilling the soil over a period of twenty years; or much more if he had been engaged in any ordinary retail business for a like period. If he were in a larger city he could "limit" his practise to consultations, or to chronic diseases, or to some well-paying specialty; but he cannot do this in a town of 2,000. He wisely hesitates about altering his residence, well knowing that in the cities the younger men who have a "pull," or who are on a hospital staff, have the popular call.

He is not too old to change locations. Any man who has made a success in the country could have made a success in the city, if he could have waited long enuf. He can go to a city, locate in a good section, dress himself and his family well, keep a good-looking turnout, and in time he will be doing his share of the work in his section. But, probably before that time had arrived, he would have drawn the last dollar from his savings. A city practise is more remunerativ, but the expenses of living are greater. These great expenses would maintain while he was waiting. The old man is relegated to a back shelf sooner in the city than in the country. There are more men in cities taking in *less* than $2,500 yearly, than there are taking in amounts in excess of that sum.

Taking it all in all, the place for this man is to stay right where he is. There is too much risk in moving. As he grows older, he can gradually refuse that part of his practise which is too arduous for him. His savings will grow of themselves, and he can add to them so that he can retire in twenty years. Whenever he feels that his own health and life are of more importance to him than a couple of dollars, he can begin to refuse the calls on stormy nights; this will "limit" his practise rapidly. He can establish longer office hours, and keep them rigidly. All his old patients who are worth anything will come to him as long as they are able to travel, and will only call another doctor when he has finally and repeatedly refused to respond to their calls. He may

Digitized by Google

strengthen his position by taking up refraction, or by making a specialty of any prevalent disease afflicting his neighborhood. If he wishes to, he can take a post-graduate course on the subject chosen. He need not, in a small town, relinquish such general practise as he cares to retain, since he cannot hope to have many cases referred to him by other practicians in the same town. He will draw his "special work" from among his own patients, and from those who hear of him thru them. Such practise will be practically all cash, and will pay at least twice the amount in dollars for every hour expended than can be gained from ordinary general practise. There is no exposure in it, and if one become busier than one wishes, he may always limit his hours of work by the extent of his office hours. One may have "Sunday office hours only by appointment." The eye is only mentioned as an example; one may take up the stomach, nose and throat, kidney, rheumatism, cancer, or any other disease common to his own neighborhood. By purchasing a good line of books on his special subject, and by having the time to study them well (which one can never get if he have a busy and exacting general practise), he will become the best posted man on his specialty in his community, and by virtue of that fact will compel a considerable proportion of all the practise done in that line to come to him. Such a course will favorably impress your confreres, whether they will or no, and they will call you in consultation more frequently, even tho they may not refer many cases to your office at first.

Such a course will bring you greater financial returns than will your general practise, unless you continue to devote your whole energy to it, and perhaps even then. We have in mind towns of less than five thousand. If the town be larger, the benefits to be derived will be proportionately increast. In the eyes of the laity *who are not acquainted with you*, you will immediately become a *specialist;* and if there is any word the laity love to use in talking with a general practician, it is the word *specialist*. He who selects any line and devotes special attention to it, becomes to the layman a specialist, either famous or notorious, according to his methods.

There is no danger that the man with the high ideals exprest by our contributor will ever turn "quack"; he will become locally famous, but never notorious. He will always be "our old doctor" to those of his patients who appreciate his worth. He will grow old gracefully. He already feels, after twenty years of nerve-racking and vitality destroying general practise, that "ordinary duties of general practise are growing a little stale; night work is a burden, and long drives not enticing." Very soon his worthless patients will also note this, and will talk about it. While they are of no value, their everlasting talk has its influence on people of otherwise common sense, and his practise will slowly and inevitably begin to go down. It is much better to take the step yourself than to let it be thrust upon you by an ungrateful public. Because you have always been a slave is no valid reason for always continuing in slavery.

If such a course be not to one's taste, a plot of ground, intelligently workt, will pay more than $2,500 a year. No need to do the hard work by your own hands, but get help, and merely constantly and carefully oversee the work. Chickens, fruit, garden "truck," even bees, will bring one in a greater revenue than will arduous general practise, and there is no night nor Sunday work.

This man has served humanity well; twenty years is a long war; but he is good for twenty more years of good service. And if he is as prudent during the second twenty years as during the first twenty, he can retire in comfort and greet old age as it approaches without that horrible fear of want.

Business Talk to Doctors.

In the early '90's the general complaint was low prices. With the farmers getting below 50c. for wheat, and below 20c. for corn (so low in some places that it was cheaper to use corn for fuel than to sell it and buy wood or coal), and about 3c. for hogs, it was difficult for them to get money enuf to pay taxes and interest (those who "owned" mortgages) which had to be paid in *money*. They had too much of what they produced, but they could not exchange it for enuf money for their many needs. They sighed for the good prices of war times. When farmers cannot sell their produce at a reasonable profit, they cannot get money with which to buy the many things needed, nor pay the doctor. When times are hard for the farmer, they are dull and hard

Digitized by Google

for nearly all classes, for we all depend, and business depends, ultimately upon the farmer. The exceptions are those who draw stated salaries in money, as public officials, teachers, and salaried people in general, and capitalists who live on interest—a money income. These classes are benefited by low prices. The doctor's lot is with the producers of wealth and business in general. When they thrive, they can afford a doctor when they want him, and they can pay their doctor bills. Low prices bear hard upon the producer and upon business in general, and consequently upon the doctor—except possibly those few doctors who have capitalists for patrons. The doctor's work is with the masses of humanity, and his interests must be with the interests of humanity. This is a plain proposition. It was because of the suffering condition of the masses of the people, and consequently of the masses of the medical profession, during the era of low prices of the early '90's, that caused me to begin the discussion of political and economic subjects in the department which has become known as "Our Monthly Talk."

* * *

He is a poor fiddler who plays only on one string, regardless of the change of tune. He is a poor observer of events who gets his impressions at a certain date when conditions may be peculiarly impressiv, and fails to note changes in conditions from time to time. The condition of the farmer has been voluminously bemoaned. The advent of the telefone, the trolley car, and the rural free delivery of mail have substantially bettered his condition. But what's the use of comforts and luxuries without money to pay for them? Ah! He now has the money. The following little newspaper clipping tells a *big* story:

HOGS FETCH $10.65 NOW.

THAT RECORD PRICE A HUNDREDWEIGHT REACHED AT PITTSBURG.

PITTSBURG, March 8.—With heavy cattle quoted at $7.50 and heavyweight hogs selling for $10.65 per hundredweight, prices for live stock at the local stockyards topt all records since the Civil War to-day. Trade at these extraordinary high prices was reported activ.

CLEVELAND, OHIO, March 8.—Hog prices reached a new high mark in Cleveland to-day, when heavies and yorkers sold at $10.40 per 100 pounds, live weight.

The old "grizzlies" among us can remember when farmers were independent and prosperous, and sent their sons and daughters to college, had pianos, etc. If they ever could do these things, they certainly ought to do it now. It is high time to quit talking about the downtrodden farmer. Take a look at the current prices in the market reports, and you will think we are back in war times. And the southern producer is "in it," too. We used to hear bitter complaints about 5c. cotton. In the market report before me to-day (March 17th) cotton is quoted at a little over 15c. per pound. On this date wheat is quoted at from $1.21 to $1.25, corn 65c. to 70c., oats 51c. to 53c., etc., etc. All this spells Prosperity with a big "P" for the farmer.

* * *

What has all this to do with the business of the doctor? Very much. It means that if you cannot raise your prices, you can at least collect practically all you earn in a farming community. And if you lose it by neglecting to collect, it is your own fault. These are prosperous times among the farmers; if these are not prosperous times among doctors whose work is among farmers, something is the matter.

But to other classes of doctors this is a different tune. City doctors find that their cost of living is increasing, while their income is not. Doctors whose work is chiefly among mechanics or salaried people find it doubly hard, because their cost of living is increasing, while their patrons are less able than usual to pay, because *their* cost of living is rising, also, leaving less than usual for the doctor. Those so situated have reason to envy the country doctor.

When for any reason business is poor, a business man will try to devise new means for obtaining or creating business. A professional man can't do that directly, but a doctor can take up new lines of serving his clientele. For example, a new and flamboyant advertising quack, "consultation free," finds that many come to him in every town. That demonstrates that there are many "chronics" sighing for relief in every community; many cases of "piles," and other complaints too numerous to mention. You know of many of these among your patrons. Why not try to do something for them, particularly when work is slack, and not depend entirely upon acute diseases? Our great specialists—the men who make the money—do very little in acute diseases. As a rule their patients are able to walk to their offices. Why should you not do some of this work?

* * *

Assuming that you have had plenty of work, the next think is to get your "returns." After all that we have said recently about sending out collection letters, a Kan-

Digitized by Google

sas brother asks for the "best collection agency," and about the Merchants' Collection Agency, of Denver, Col. A collection agency will send a set of form letters, and you can do that yourself, as I have been telling you for several months past. Try it, and you will not need a collection agency. A Kentucky brother asks about a Baltimore concern, National Credit Exchange. You know how discouraging the experience of many doctors thruout the country has been. Why not try doing it yourself in the way I have so abundantly shown you—and that is just what the collection agencies do. In this way you will not hurt your business, and you will be sure to get all the returns. It has been frequently shown that agencies collect and keep the money. It is better in every way to do it yourself. If any brother cannot use the letters I have given in the last few issues, or if he cannot get up a set of letters from these to suit the requirements of his community, write me your needs, the particulars of your surroundings, clientele, etc., and I will see what I can do in the way of helping you get up a set of letters that will suit. You can do much more for yourself than any collection agency can do for you. If I could induce the doctors of this country to realize that this is true, and *act,* as I have directed in the past few issues, the amount of money that the profession of this country would gain—much of which would otherwise be lost—would be very great.

I think that the writer of the following (a Michigan brother) will forgive us if we smile as we read:

DEAR DR. TAYLOR:—I just wish to say a word on your monthly financial talks. They are all right and worth a lot if the doctors will only heed them. But don't you think, Doctor, that in spite of all your good advice, one must really have had a little bitter experience before he begins to realize that what you are trying to impress upon his mind is genuin and should be heeded?

In my own case, I had read these talks and thought I was proof. Had turned down all such propositions until one day a doctor who is a personal friend, and one in whom I had confidence, told me of a mine of which he was the chief stockholder, and thinking this was "different from what Taylor had been preaching against," I invested $200 for 400 shares. I was so confident of making $200 on this that I had a letter already framed up to tell you that I was the exceptional doctor who had made money out of a mine. The letter was never written, the mine went wrong, and my money has gone.

Julian Hawthorne has recently sent me several of his scholarly productions relativ to his stupendous mining propositions of which he is the honored president, but I have told the erudite Julian that he had far better round out his career as a literary success than to inveigle the dollars out of the doctors by means of his exceptionally good English.

But we can't smile at the following. It is too serious a matter. We all expect to grow old, and we hope to have our easiest and best times when we are old. That, however, will depend on how we manage things *now.* This is from an Ohio brother:

Please find inclosed thirty cents to pay for the January, February, and March numbers of THE MEDICAL WORLD. Kindly discontinue it. I do not stop it because I do not enjoy reading it, as I do; but I am getting old, my health is poor, and am not financially in good shape, and I am unable to do but very little any more. I have lost some money in speculations you warn us against, and have never been a very good collector. I am a democrat in politics and an Episcopalian in religion; I like to read what you have to say, tho bitterly opposed to free thinking, so called, and higher criticism. Fraternally yours,

A certain doctor in southern California is trying to induce doctors in other parts of the country—Ohio chiefly, it seems—to invest in "Home Builders" stock, a company building homes in southern California. Better build homes *at home;* and keep your money at home.

A few of the large literary magazines have made and are making money. Promoters, knowing this, have used this fact to induce people to invest in magazine promotions. I always say "don't," to investments of this kind. Stock in the good and prosperous magazines is not for sale. But a very few of the efforts to establish magazines succeed—the mortality among them is very great. Even a prosperous magazine may go down in a few years, owing to changes in conditions. So even an investment in an establisht magazine may be hazardous; while an investment in a prospectiv magazine is folly.

I have always advised you against buying distant lands. The representativs of the Sacramento Valley Improvement Company, of St. Louis, have been exceedingly persistent in trying to market their flame Tokay grape land at $300 per acre, and their eucalyptus land. Their literature has been most fascinating and enticing. The Lodi (Cal.) *Sentinel* for January 6, 1910, makes some uncomplimentary remarks about this company and its grape land promotion. The *Sentinel* shows that the company's grape land literature is very misleading, and that the company is being investigated by the post-office authorities. Here is a part of a

letter sent me by a California brother who appreciates my efforts to save your money and wants to help.

About eucalyptus land! It is all fake. We out here do not believe in it. I know of two new companies that sent their representativs East to put their stocks on the market there, because there is not any field for them right here, where the eucalyptus grows.

A Chicago brother writes:

DEAR DOCTOR:—I have been askt several times by friends of mine to invest in the San Jose orchards, for sale by the South Coast Company, Brownsville, Texas. Their proposition is to sell five acres to an individual for $1,750; $250 down and $15 per month. They to plant orange trees, 500 to each five acres; then at the end of three years turn them over to the buyers when the fruit is ready to pick.

I have met several who have been down there and they say it looks good. If you could give me any information regarding the above, I would be very grateful. I am thinking seriously of buying five acres.

Doctor, I don't know any more about this proposition than you do, but on principle I say, don't, *don't*. These people want to sell land. If raising oranges would pay as well as they wish you to think it would, they would raise oranges and not sell land. And if you want to raise oranges in Texas, go to Texas. Don't try to do it and live in Chicago. If you do you will lose your money, sure.

Here is a sensible New York brother:

THE WORLD is worth the money for your Business Talks alone. This is a city of 10,000. I have a practise of $3,500 to $4,000 per year. I save $500 to $800 per year and put it into real estate here. Also, I have a farm and am setting it out in apples to keep me in my old age.

No "green hills far away" for him. He knows that there is no better place in the world for him than right where he lives; and he keeps his money at home and invests it there. He will have no complaints to make when he gets old. But the man who wants to sell you land in some distant place is ever present with his enticing circulars. Two such propositions are before me now. "You have been selected as one of a limited number to receive a building lot in"—well, we will call it Lonesomehurst. It is intimated that some unusual favor or opportunity is offered you. "Beware of Greeks bearing gifts." Don't bite. They want to use you. What do you want with a lot in Lonesomehurst, anyway?

Did you get bit on the stock of the Kornit Manufacturing Company, of Newark, N. J., with factory at Belleville, N. J., to manufacture an imitation of rubber from the hoofs and horns of cattle? Over $300,000 was obtained from persons in almost every part of the country who invested in the stock. None of the product was ever sold, and the company is in bankruptcy.

The Department of State, Washington, D. C., sends out a warning concerning the "Spanish Swindle." It is a cleverly concocted story of a "political prisoner" who is rich, an only daughter, a faithful priest, and you are supposed to be a "distant relativ," who under certain conditions will fall heir to a fortune of $30,000. It is said that a number of our fellow-countrymen have "bitten," sending money as directed, to the good priest. Then the story ends. You never hear anything more about the prisoner, priest, darling daughter, mysterious valise, etc.—nor your money either. If any WORLD reader would be caught by any such scheme, I would be ashamed to own him.

More Oswego Crookedness.

Please see exposure of "Enteronol" in January WORLD, pages 7 and 8. It is called "The Enteronol Company" on literature going to doctors, and "The Ontario Chemical Company" on circulars distributed to the public; both of Oswego, N. Y. And "enteronol" is called "cholerol" in the circulars distributed to the public. One of these circulars is now before me. Here is a part of the circular:

CHOLEROL

For diarrhea, acute or chronic. The testimony of thousands of physicians, surgeons, scientific men and publishers of many of the largest medical journals in the United States indicates that this new remedy is the *most effectual and reliable remedy for every kind of diarrhea* in the world to-day. It cures cholera infantum as if by magic. It will cure chronic bloody dysentery in the old soldier who has had it for forty years. It will stop typhoid fever at any stage of the disease without danger to the patient. It will cure catarrh of the stomach and bowels quicker than any other known remedy. It is perfectly harmless and can be given to babies but a few days old. Cholerol is now used by the medical profession in almost every part of the civilized world. From Maine to California, New York to the jungles of Africa, and from South America to India, the medical profession proclaim it to be greater than any other previous discovery for this kind of stomach and bowel trouble. Price, 25c. per box.

The medical journals above referred to *do not* include THE MEDICAL WORLD. Certain persons in Oswego seem to have found that a large, far too large, percentage of the medical profession can be successfully imposed upon, and they have found it profitable. WORLD readers have been fully warned.

EDITOR MEDICAL WORLD:—Inclosed find $1 for 1910. I began reading THE MEDICAL WORLD the first year that it was publisht. I aim to stick until one or the other of us quits this earthly sphere. Every number of the journal has pleased and instructed me. "Keep a goin'."

Olinger, Va. J. M. PRICHARD.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Massage in the Treatment of Fractures.

EDITOR MEDICAL WORLD:—The ambulatory treatment of fractures has been recommended by Krause, of Germany, and by Hood and Sir William Bennett, of England, and the method is fast spreading in this country in a modified form. It is not the author's desire to advocate the ambulatory treatment in a radical way, but he wishes to tell the readers of THE WORLD of a form of happy medium between the old-fashioned immobilization and the modern ambulatory treatment.

We must be able to prove some pronounced advantages for our method, or we have no just claims for converts. By the method to be described we gain the following things:

1. We keep the patient comfortable.
2. We overcome the trying muscular spasm.
3. We finish up with good, movable joints near the seat of the fracture.
4. We gain time.

First of all, let it be well understood that we refer only to simple fractures. It is not inferred that the masseur is to reduce the fracture; he is only to overcome the swelling from the effused blood and lymph, under the surgeon's directions and orders. Men like Billroth and von Bergmann were their own masseurs when it came to reducing fractures.

As soon as possible after a fracture, we begin the massage to relieve the swelling and make it easier for the surgeon to set the bone. For instance, in a case of fracture of the leg, somewhere below its middle, we have the patient resting flat on his back, the assistant holding the foot steady, and the operator starts with strokings with the full, curved palm of the hand upwards from *above* the seat of fracture up to the groin. The muscular spasm is now troublesome, and it is decided comfort instead of pain that the patient experiences from our work. Gradually we begin to work also below the seat of fracture, and with the hand well oiled we go over the fracture itself, but with even and well graduated pressure. Now that the swelling is modified and the patient comparativly comfortable, he is ready to have the fracture set. In Fig. 1 we show the fracture set as described by Sir William Bennett. The extremity is secured on a back splint with a foot piece by bandages at the ankle and knee,

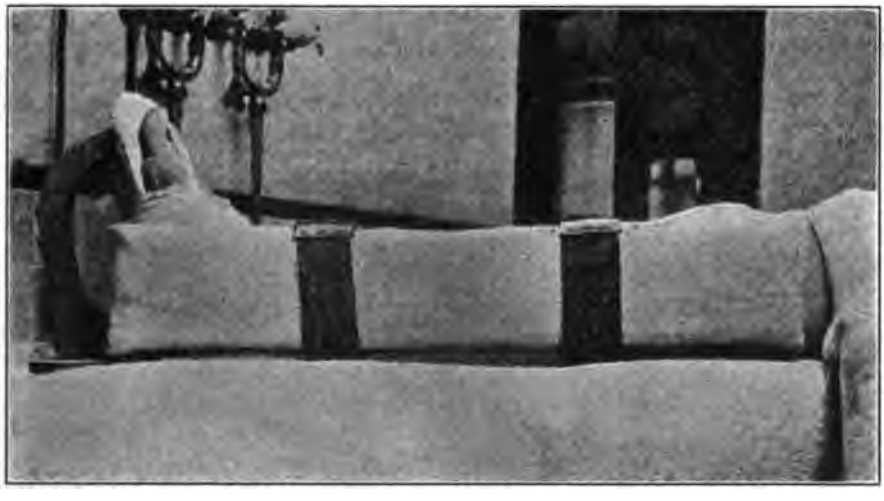


FIG. 1.

Digitized by Google

and the side splints are held in position by webbings. In Fig. 2 we have demonstrated to us the method of stroking the leg. The side splints are easily taken off, and we can bathe the limb and apply our massage

The massage should be given for twenty minutes, and the passiv movements from three to five minutes. It is not long before the patient begins some slight activ movements of the ankle with the fracture sup-

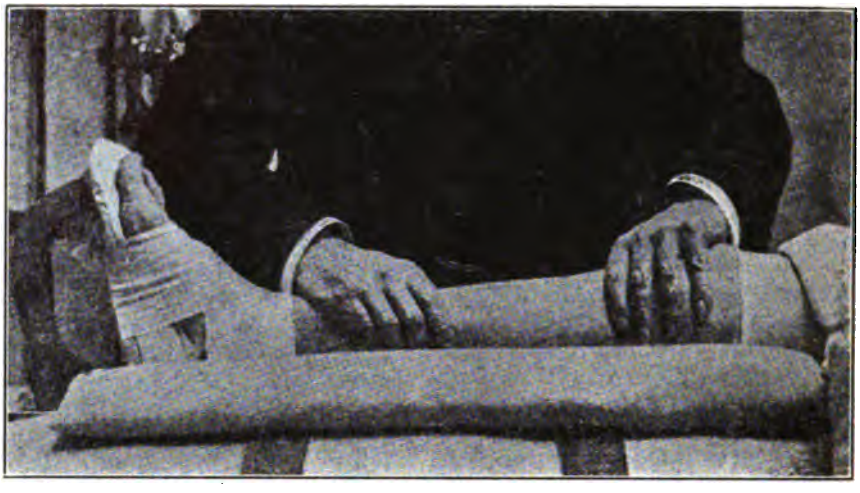


FIG. 2.

daily, much to the patient's comfort. The first to be relieved is the intense pain caused by muscular spasm; we use strokings and some frictions with the fingers close together, even over the fracture itself. After three days we begin our

ported, and after two weeks the knee joint should be flext and extended. At the end of the third week the fracture is in good shape, and with some kind of support around the tibia the patient can sit up; and in a few days, with the mas-

FIG. 3.

passiv movements of the toes to prevent adhesions and neuritis. (See Fig. 3.) After the sixth day we may begin the passiv movements of the ankle as shown in Fig. 4.

sage and passiv movements daily continued, he is soon able to be about.

In fracture of the patella, massage is most useful. A thin back splint is used, well padded at first, and the whole limb

Digitized by Google

is treated daily from the start. We begin with strokings of the inside of the thigh, afterward strokings of the leg and the foot. On the fifth day I begin the passiv movements. We must try to overcome the contraction of the quadriceps entensor, and we must from the very beginning guard against adhesion of the fragments, especially the lower one. This form of fracture affords the best illustration for practical results by massage and passiv movements. Most everyone who has treated patella fractures by the old method of the tightest bandages and complete immobilization knows how troublesome it was to get the normal flexion restored, and how the patient was compelled to suffer

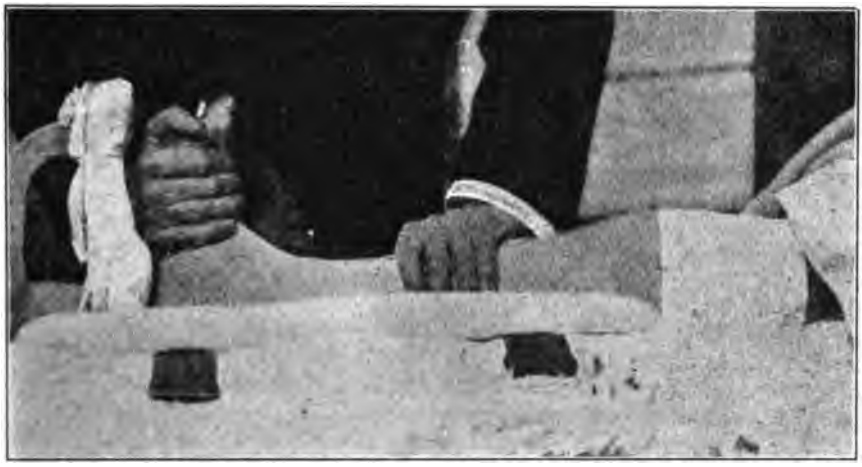


FIG. 4.

the most excruciating pains on forced flexion. This we now fortunately do away with by our modern methods, and it is the sincere wish of the one who writes these lines that every reader of THE WORLD will at once purchase a copy of Dr. Sir William Bennett's excellent work, "Massage in Recent Fractures." By special permission of the publishers of this book we make use of four of the illustrations for this article.

KURRE W. OSTROM.

112 N. Sixteenth St., Philadelphia.

[The publishers of the above mentioned book are Longmans, Green & Co., London, New York, Bombay, and Calcutta; and the price of the book is $1.75 net. The book can be easily and quickly procured by sending the order to the New York house.—Ed.]

How Can a Town Doctor Increase His Usefulness and Income?

EDITOR MEDICAL WORLD:—Can you suggest some ideas looking towards progress? There may be others needing similar advice. I have been in general practise twenty years. Have tried every plan I could devise legitimately to increase my usefulness to the public. I have left undone many things which appeared to shipwreck other men. Yet at 42 years of age the ordinary duties of general practise are growing a little stale, night work is a burden, and long drives not enticing. I have equipt myself well; have by far the best library and instruments, and have taken more than twice as many post-graduate courses as any doctor in my section of the state. My gross receipts amount to about $2,500 per year, having varied little in the past three years. I fear to move to a larger city at my time of life, as I have a large family. I do not like to open a private hospital, as this town of 2,000 will probably not support one. Most of my colleagues engage in other businesses—farming, drug stores, etc., and appear to be making more clear money than I do. I went into medicin to stick to it to the end of the chapter; but I want to be progressiv—don't want to feel that at 42 I have reached the limit. I have fed, clothed, and educated my family well so far, and have accumulated all told $5,000—starting in debt for my education.

Digitized by Google

Some men essay major surgery or some form of specialism at my time of life—many of them failing to better their condition. I have been fearful of such a course. I don't want to become imbued with the idea that there is a decided limit to the progress of the general practician. PROGRESSIV.

[See reply in the editorial department of this issue.—ED.]

Comments on Bodily Temperature.—The Old Doctor.—Discoverer of Surgical Anesthesia—Sulfid of Calcium for Carbuncles.—Enuresis.—Intestinal Antiseptics.

EDITOR MEDICAL WORLD:—Dr. Ernest Barton's suggestion as to thermometers, page 103, March WORLD, is a wise one. Zero should be the human temperature. There is another idea about thermometers which physicians would do well to consider. It has become very common for people who are not physicians to have and use thermometers on all occasions when there is sickness in the family. Of course, this is a harmless amusement in cases where there is very little danger; but in all serious cases, especially in continued fevers, the use of the thermometer on the patient by members of the family may cause serious trouble. Many people think the medicin is doing no good when the temperature reaches three or four degrees above normal, and they will insist on the doctor or on some one else "doing something." That many persons have died from the excitement caused by using the thermometer and by the use of antipyretics which would not have been used but for the thermometer, I have not a shadow of doubt. Some patients will have another doctor when the attending physician will not give medicin to "cool" the fever. Some relativs of the patient will give antipyretics without the advice of the physician when the thermometer shows a slight increase in the temperature. Physicians have yielded to the pressure sometimes and given such remedies against their better judgment, the pressure being greater than they could endure. In some families the wires of the telephone are kept "hot" calling up the physician every hour almost night and day, to tell him that there is a little increase in the temperature. The majority of the people cannot understand that a degree or two of temperature is not necessarily an indication that the patient is not doing well. The suggestion I would make along this line of thought is that some thermometers be made to register one or one and a half degrees below the right figure. For example, we have a patient whose temperature is so high that the patient or some member of the family may become alarmed about it. Sometimes the very best we can do and say will not satisfy the minds of the patient and other members of the family. Yet the doctor may know that it is best not to do anything to reduce the temperature. In such cases a false thermometer registering one or two degrees lower than the correct temperature may be used and shown to the family. In most cases this will satisfy the minds of the patient and of the family. A doctor's thermometer and watch are supposed to be correct at all times. While on the subject of thermometers and temperature, I want to say that in continued fevers (I do not say typhoid fever for I have seen only a very few cases in many years) the temperature should not, as a rule, be reduced; never unless it "runs" high or causes the patient much suffering. Dr. Williams, on page 115, makes a good point when he says he does not "doctor the patient altogether by the thermometer." In measles we do not try to keep back the eruption; in fevers we need not try to hold the temperature down to normal. When we hold down the temperature without removing the cause we only prolong the course of the disease. It is sometimes necessary, as a choice between two evils, to hold down the temperature. But when we do this for any great length of time, either with water or antipyretics, we generally prolong the fever. No one knows better than I do that this is not orthodox, and the statement may be criticised severely; but criticism will not change the truth. But let us all remember that the habits and surroundings of people are different in different localities; and that diseases affect people in different localities in different manners. In the south a patient with some varieties of fever may have a temperature which our professors in colleges in the north say is always a fatal symptom, yet we frequently cure such cases here.

All this talk about the old doctor being displaced is no more than we hear about all other professions and avocations. It is human nature to want to change. The

Digitized by Google

old preacher whom we have known for a generation or more must be laid on the shelf for a younger and more eloquent man. We need not expect nor hope for anything else. But if the old doctor does his duty and keeps up with his profession he will always get work to do; and possibly as much as he deserves.

To Dr. McIntosh, page 113, I would say that the Mississippi State Medical Association, in the year 1879, passed the following resolution by a unanimous rising vote:

"*Resolved, That it is the opinion of this Association that the evidence adduced by Dr. Marion Sims and as set forth in the paper of Dr. J. M. Taylor, read before this body, is conclusiv that Dr. Crawford W. Long, of Georgia, was the original discoverer of anesthetic use of ether in surgery.*"

That Dr. Long used "surgical anesthesia" at least two years and a half before any one else claims to have used it, I do not think there is a shadow of doubt in the minds of those who have read all the evidence. But Congress granted the honor to the one who first *publisht* the discovery; or, rather, the one who first *had* it publisht, for Dr. Morton tried to keep the method a secret for the revenue that was in it. Any one who will read "Anesthesia," by W. T. G. Morton, M.D., will form some idea of the trouble he had in getting Congress to recognize his claims. He will also have some idea how politics plays a part in such matters, just as it does in naming candidates in a party convention. But for Dr. Morton's dogged determination to win, he would not have succeeded. Those who are interested in the subject of who first used "surgical anesthesia" will do well to read Dr. Marion Sims' article on the subject publisht in 1877. Dr. Long lived in an obscure little town where there were no railroads, no factories, no great machinery, and, as a result, seldom had a very important surgical case. Few papers were publisht in his state, and he failed to publish his valuable discovery, tho he made it known to all his neighboring physicians. To another is awarded the honor, but such is life in many instances.

"Alas, too late oft come the laurel wreath;
A Tasso's brow was pale and cold in death
Before the long grudged bays trembled above
The lips that sang of glory and of love."

Like Dr. Andrews, page 114, I am very much interested in boils and carbuncles. I have had a personal experience which has caused me to study the subject from every standpoint. Sulfid of calcium does me no good that I can see. The same may be said of sulfid of arsenic, altho some of my patients are relieved as if by magic almost by the same medicins which prove useless in my case. On one occasion several years ago when I had several carbuncles on my neck I took sulfid of calcium almost every hour night and day for nearly three weeks without any perceptible benefit. But after I recovered from the carbuncles I was in better health than I had been in five years. About that time an old man whose wife I was treating told me to eat shell and all of a roasted egg every day for nine days and I would be well at the end of that time. A year or two later I saw him again, and it happened that I was suffering again with a carbuncle. He askt me if I had used his remedy and I had to confess that I had not. He insisted that I try it and, I thought I would pulverize the shell and take it in a capsule. Knowing there was sulfur and lime in the remedy I tried it. There was no difficulty about eating the shell, as it was very brittle. Since that time I have used the egg remedy several times, and it has not failed to cure me in nine days every time. If sulfid of calcium ever did me any good I do not know it, altho it benefits many others in my practise. "Simple remedies sometimes suit simple people best."

The questions and answers on enuresis are interesting to me. Only a few cases have given me trouble. One girl, about fifteen years old, after being afflicted all her life, and after trying the remedies of quite a number of physicians, was cured by sleeping on her side. Some cannot be cured without an operation. Some grown people can be cured by suggestion; and even children are much more likely to be cured when they have confidence than when they have no faith in the remedy. In this, as in all other diseases, we must treat the patient and not simply the disease by name.

Dr. Russell, on page 117, says: "No physician should employ any therapeutic measure until he has satisfactorily answered the question, 'Why am I administering this, and what action am I going to expect from it?' " This is a very wise suggestion, and one we should always follow. It would be a good idea for those

Digitized by Google

who have so much faith in arsenite of copper as a remedy in typhoid fever to tell us why they give it, what results they expect, and the like. My experience in its use is limited, but so far as I have gone have seen nothing whatever as a result from its use. But it is a splendid placebo, and may do good in that way; and when given in very small doses it can do no harm. The subject of "intestinal antiseptics" is being discust again. Possibly arsenite of copper acts in that way if it does any good in continued fevers. It is a matter of no consequence whether you call the remedies (which are supposed to act as antiseptics) "intestinal antiseptics" or not. If they act well and do the work, and we think it is by acting as an antiseptic and some one else thinks it has no such action, what is to be gained by discussing how a thing acts? The so-called "intestinal antiseptics" act well in my hands, and I shall continue to use them in such cases as I think need them. It is a matter of no consequence what a little squad of men in some great university say about it. More than thirty years ago I used Dr. Resin Thompson's oil of sassafras remedy in some cases of typhoid fever, and I am not sure I have ever found a remedy which suits so many cases as that did. But it was very disagreeable to the stomachs of some patients. If this remedy did not act as an antiseptic, or if it did, is a matter of no consequence. But I never lost a case that took the treatment.

Kendrick, Miss. C. KENDRICK, M.D.

Obstetric Binder Objected To.—Beware of Intra-Uterin Injections.—Kinetic?—Intestinal Antiseptics.

EDITOR MEDICAL WORLD:—Dr. F. A. Benjamin (page 111, March WORLD) tells how to overcome my objections to the Kelly pad, all of which I have done, and yet prefer the newspaper-muslin pads as being more uniformly securable and always reliable. I do, however, wish to object to the use of the obstetric binder, and in this much opposition is to be expected because of its prevalent use. It does not help abdominal retraction. It does hinder uterin involution. It conduces to retroversion. Its only advantage is some sense of comfort it gives for a short time after reduction of abdominal tension incident to the escape of the uterin contents. This relativly slight point in its favor is negligible compared with the harm it can do.

Dr. A. E. Lemon (page 121) advises treating endometritis by the intrauterin injection of Lloyd's specific thuja. "In very chronic cases," he injects "30 min. tincture of iodin." This he injects well up into the uterin cavity, moving the syringe tip from side to side. My advice is to go slow in trying any kind of intrauterin injection in the uterus of ordinary size. A single drop may cause all the alarming and distressing symptoms of uterin colic. Sometimes these symptoms come on after a patient has left the office. The experience is never forgotten, and usually proves costly to the doctor.

In the editorial comment on Dr. J. C. Agee's letter (page 120), discussing the designation "manual" treatment, even this is declared inadequate, tho better than "massage," "osteopathy," or "passiv motion." "Physical" is objected to as it must include too much, while "mechanical" applies to apparatus. "Kinetic treatment" may find editorial sanction, and virtually means movement treatment, whether applied by the hands or otherwise. Or we might say "manual kinetic," or "apparatus kinetic." It all depends upon what is to be included by the term. "Manipulativ" is so much like manual that it may stand or fall with it. How about kinetic?

Dr. Waugh's letter (page 117) is interesting. I do not know what editor "H." referred to in regard to Johns Hopkins School investigations, but I always doubted the enteric antisepsis idea. Dr. Waugh insists upon thoro emptying of the bowel. This minimizes the amount of antisepsis required. The treatment must be given early to be effectiv, before the Widal reaction is obtainable. This makes it very difficult to obtain scientific proof. It is not conclusiv to diagnose typhoid fever by the appearance and odor of the stools. If the patient gets well quickly, it is, on the one hand, proof of the efficacy of the antiseptic treatment in typhoid; but, on the other hand, it is claimed that there was no typhoid. This is not conclusiv to the scientific mind. Then, again, if typhoid could be shown in this way to be materially shortened, or its course made much milder, would it be due to antisepsis or to some other quality of the medicins used? To my mind, Dr. Waugh's position is far from proven. His "thou-

Digitized by Google

sands" of cases, reported or otherwise, prove no more to me, for instance, without some personal knowledge of the men furnishing the data and the reliability of the latter, than do the Johns Hopkins results to him for like reasons. Anodyne and anesthetic qualities of drugs are quickly demonstrated; but the efficacy of a drug in aborting or decidedly mitigating typhoid is much more difficult to prove; and it cannot be proved at all if it is to be applied before we can get proof of the presence of the disease. Suppose we try two series of undoubted typhoid cases, say 100 each, in the same institution, alternately placing the cases as they come in under the antiseptic and any other usual treatment. Then note results. That would be quite fair and probably conclusiv. A. H. P. LEUF.

2034 Arch St., Phila.

Reply by "H." Concerning Typhoid.

EDITOR MEDICAL WORLD:—The January WORLD, on page 17, contains a criticism of Dr. M. E. Johnson's article on typhoid fever by "H." I see a statement in the last paragraf of his article, stating that the intestinal antiseptic treatment of typhoid fever has lately received a quietus at Johns Hopkins.

Will you please write me where I can procure this report? D. W. SCATES.

Martin, Tenn.

[Dr. Scates will find the desired information on page 422 of "Studies in Typhoid Fever," where Dr. William Osler, in an "Analysis and General Summary of the Cases from 1889 to 1899" in Johns Hopkins Hospital, states that the notable reduction in its mortality rate depends on (1) careful trained nursing, (2) diet, (3) hydrotherapy, on which great stress is placed, and (4) drugs. After describing the brief list of the latter, he adds: "We use no antipyretics and no intestinal antiseptics." If not in a nearby library, this volume can probably be borrowed from the library of the Surgeon-General's Office at Washington, by making a cash deposit with the local library.

In this connection the articles on the subject written by Drs. Williams and Russell, on pages 115 to 117 of the March, 1910, WORLD, give a lucid present-day view of the pathology and treatment of typhoid fever. The writer is free to assert that their methods represent the accepted status of Philadelphia practicians at this time. A perusal is also advised of Vincent's report just made to the Academy of Medicin of Paris, described in the *Medical Record* of March 12, 1910, page 458. Dr. Scates might also procure from the Government Printing Office at Washington, Reprint No. 46 from the Public Health Reports, vol. 25, No. 5, February 4, 1910. Past Assistant Surgeon Lumsden, of the U. S. Public Health and Marine Hospital Service, in this monograf on "What the Local Health Officer Can Do in the Prevention of Typhoid Fever," speaking of prophylactic measures (page 9), unequivocally states: "Some practising physicians are not properly informed on the subject; others will not take the time and trouble; and some, fortunately a decided minority, will inform the family that the use of disinfectants is unnecessary *because "the medicin being given kills the germs in the patient."* His dictum is based on a personal study in the city of Washington of 2,000 private cases treated at home by family physicians.

Setting up a straw man best expresses Dr. Waugh's pronunciamiento in the March, 1910, WORLD; its fragrance has been wasted on the desert air, for the words of the undersigned in the January WORLD can in nowise be interpreted to exclude preliminary cleansing of the intestinal tract in typhoid fever. The writer's experience of a quarter century in treating the disease in hospital and private practise, as well as a rather unique opportunity to study the cases of busy confreres have shown him the futility of depending on any routine chemical disinfection of the bowels when once the disease is present. This quarter century has been the period of greatest progress ever known in management of the affection—an evolution, thru worldwide investigation, from dependence on drug treatment to almost drug exclusion. It is here that the remarks of Drs. Lumdsen, Russell, and Williams are to the point. The writer will have further remarks to offer after the coming formal symposium on the subject at the Philadelphia County Medical Society. Meanwhile, the readers of THE WORLD will probably coincide with this resumé by that able clinician, Dr. Henry W. Cattell:

"The possibility of using antiseptics in the treatment of typhoid fever has long been recognized as a therapeutic desideratum, but as yet no drug or combination of remedies has accomplisht a sterilization of the intestinal tract after the disease has

Digitized by Google

gained a foothold. Nor has there been found any agent that will follow the typhoid germ to the abdominal lymph-glands, the spleen, and elsewhere in the body, as the gall-bladder, where the germs are present during the disease itself or where they may remain for years after recovery from an attack, as in 'Typhoid Mary.' That a cleansing of the intestinal tract in typhoid fever does good, none will deny. Recent reports of the use of turpentine for this purpose in the early stages of the disease speak well of this remedy. After the intestinal tract has been cleansed as far as possible, vaccines would seem to afford the most probable field of research for a remedy to combat the disease after the organism had reached the tissues. Our best efforts should still be towards the prevention of the disease, and the separation of diseases of an allied nature, such as paratyphoid fever, from true enteric fever."—H.]

Eclectic Treatment of Pneumonia.

EDITOR MEDICAL WORLD:—I have been practising medicin about 27 years, and, of course, during that time I have treated many cases of pnuemonia. I have had about twenty cases of this dread disease this winter; and, thanks to God and specific medication, so far I have not lost a single case. My treatment is as follows:

If the tongue is heavily coated when I am first called to see a case, I give a purgativ, usually composed of the following: R. Antibilious physic, dr. 1.; ft. charts, No. 4. Sig.—One powder in hot water every two hours until bowels move. If the veins are full and prominent, abdomen full, tongue large and full, instead of giving the above I give the following: R. Podophyllin, gr. 1; leptandrin, grs. 6; dioscorein, grs. 6; capsicum, grs. 3; mix; ft. caps. No. 6. Sig.—One capsule every two hours until the bowels move. At the same time, if the pulse is full and bounding, I give spec. veratrum, gtt. 30; spec. aconite, gtt. 10; spec. bryonia, gtt. 10; water, 4 oz., mix; sig., teaspoonful every hour. I keep them on this until the conditions change, or until the crisis comes, and it usually comes from the sixth to the seventh day, and many times on the fifth day. But if the pulse is small and frequent, I leave out the veratrum, and give the aconite and bryonia alone. If the face should be very red, eyes bright, and pupils contracted, I add spec. gelsemium to the above, say, from a half to one dram. On the other hand, if the patient is dull, inclined to sleep, a sluggish capillary circulation, I add spec. belladonna, gtt. 10, to the above prescription. If, however, the patient should complain of burning of the eyes, and there are prominent papillae on the tip of the tongue, and if a child, should start in sleep or cry out, I would add spec. rhus, gtt. 5 to 10, to the prescription. Keep them on this until the conditions change, or until the crisis comes. Towards the latter part of the disease, about the time I am expecting the crisis, if the pulse should become weak, I would add spec. cactus to the prescription. When the skin inclines to become moist, I usually add spec. asclepias, dr. 2, to the above prescription.

There are some things that we should not give. Don't give strychnin nor digitalis as long as fever is present, unless the pulse becomes very weak, small and frequent. If this condition should come about, then you might give small doses of digitalis. Don't give ammonia nor whisky as long as the fever is high. Pneumonia is an inflammation of the lungs; that is, it is an inflammation of the lungs, or one lung or a part of a lung. Ammonia, whisky, and such like are stimulants, and stimulants are medicins that increase the heat of the body. With pneumonia, the heat of the body is already increast; so much so that the temperature is far too high; and when you give stimulants you increase the malady. Veratrum and aconite slow the pulse, lower the temperature, and allay the inflammation.

We have in veratrum and aconite remedies that will reduce the circulation, thereby giving the heart and lungs rest; they lift the load off the already overworkt heart and lungs. I know physicians who will give strychnin right from the start—whip up the heart with it, or digitalis. A greater mistake could not be made. Why whip up a heart that is already running away? You had just as well lay the whip to a horse that is running away with the load. Again, why whip a horse that is loaded down? Would not reason and common sense say, lessen the load? Veratrum and aconite will lessen the load, provided the pulse is full and hard, or small, frequent and sharp. Of course, when the heat of the body is decreast, and the heart begins to fail from overwork, then support it. Then give

Digitized by Google

your strychnin or digitalis, but don't give them unless this condition is present. Of course, there are other things that I give, but if the young physician will do as I have advised, he will cure 99 of every 100 cases.

T. J. DANIEL, M.D.

Magazine, Ark.

Aborting Pneumonia.

Reply to Dr. J. P. Hall, November WORLD, and Dr. Arthur, February WORLD, page 63.

EDITOR MEDICAL WORLD:—I have often promist myself that some day I would break loose and have my say in the WORLD family. Heretofore, whatever has been said by the family, your camp meeting talk included, has so closely corresponded with my own views as to leave no room for argument. Now, however, "You have started something," as we say out here, and I have a chip on my shoulder. Let me tell you I belong to that "certain class" of doctors (see J. P. Hall, Nov. WORLD, page 466) who claim to often cure or abort pneumonia in three days or less. You, among others, seem to doubt that we are able to diagnose a case of pneumonia when we see it. Such a reflection on our intelligence is an insult that can only be wiped out with ink; and now I pit my trusty pen against your editorial typewriter and thunderbolts.

Yes, sir! Pneumonia can be aborted, and hundreds of physicians are doing it and have been doing it for at least ten years to my knowledge. Every now and then some one would tell about it in a medical journal, but the roasting that he got was usually sufficient to hold him down for awhile, and enuf to deter others. Even ye Editor waxt wroth at the mere suggestion; yea, even as wroth as waxt some of your subscribers when you stept on their religious corns, no matter how much more logical and compatible with scientific fact your views were. There seems to be no more fairmindedness nor liberality in medical matters than there is in religion or politics. Woe to him who dares to differ from the dogmatic teachings of the lights of the profession. It is decreed that pneumonia is a self-limited disease, and that ends it. By the way, speaking of "roasts," if I read the signs right Brother Louis Weiss (Feb. WORLD, page 66) is about due for his'n. This theory about the action of diphtheria antitoxin does not mix well with that generally held by the medical fraternity, nor is the rest of his treatment likely to find much favor.

But to come back to pneumonia. No physician whose opinion is worth listening to will contend that he can or does abort every case. Many cases are a mixt infection from the start, and the pathological changes in the lungs are of secondary importance compared with those of the general toxemia. Again, there will be cases where both lungs are simultaneously and overwhelmingly affected. But even in the latter cases, if we are not able to abort them, an intelligent and purposeful effort will most assuredly materially reduce the damage and shorten the duration.

Let us consider an ordinary case and see if it is necessary that it shall "run the course it always does," or whether we have it in our power to short-circuit it. In order to save time and argument as to whether our diagnosis is correct, take the case that Dr. Arthur offers. On our first visit we find the patient, a man in the prime of life and who had been in the best of health until yesterday, in bed, face flusht, red spots on one or both cheeks, eyes bright, and breathing rapid. We are told that about ten hours ago he had a chill that made his teeth rattle. Temp. 103, pulse 120, quick, small, and of high tension. Inspection and percussion tells us nothing, but on auscultation we hear crepitant râles over several places on deep inspiration. You have all seen just such cases before. Here where I am now, when I see such a case the shivers go down my spine and my hair stands on end, for let me whisper in your ear, dear Doctor, in my practise just at the present time it is a sure cinch that the man is broke; and as I am furnishing the medicin, you can see where I get off if he should be sick for a month or so; and it therefore behooves me to get busy.

Now, Dr. J. P. Hall, in Nov. WORLD, page 466, wants us to consider the pathology of these cases a little more carefully, so that we might see the error of our ways; and I guess we better do it right now.

As near as we can figure it out, the whole trouble starts by the members of the fraternal brotherhood of D. P. of F., meaning Diplococcus Pneumonia of Fraenkel, after the initiation ceremonies are over, going on a little jamboree thru the highways and byways of their new home, and in a playful mood knocking off a little plaster here and there and tearing a few holes in the carpet. Merrily rolling along in Indian file comes a bunch of members of the order of Erythrocytes, each with a fair-sized carbonic acid jag; and before you can say "skat," one of

Digitized by Google

them stumbles into one of those holes and is unable or unwilling to get up. The others pile on top of him, and before long the whole place looks like the subway during a smash-up at about 6 p. m. This constitutes what we technically call a congestion; and that it happens just this way we are prepared to prove. Haven't we seen it time and again produced in the web of a frog's foot in the good old college days? How well do we remember seeing the little blood corpuscles begin to lag, move slower and slower and crowding each other. Here and there we saw a white one trying to stick a foot thru the vessel wall until finally all movement ceast. All this is taking place in the lung of our patient. Ordinarily, exudation does not take place before complete stasis has occurred; but in such a vascular organ as the lungs, exudation will start as soon as considerable slowing of the blood stream has been produced, and this will explain why we may hear crepitant râles long before we have complete stagnation in the affected part.

The duration of the stage of congestion varies from a couple of hours to a day or more, counting from the chill. Furthermore, we have evidence that this congestion does not take place over the whole lobe at once, but that it extends more or less gradually. So much for congestion; and as the other stages of this disease are direct consequences thereof, and as we must prevent them or fail in our purpose, we need not consider them here.

Suppose we drop in on the case at this stage; is there nothing that we can do to prevent complete stoppage of the circulation? Have we no means to accelerate it when it is too slow to suit us? The bright eyes and the pulse tell us of a high nervous and arterial tension. The calibre of the fine capillaries is reduced perhaps one-half; anyhow their walls are not near as elastic as they ought to be. If we could relieve their tenseness, widen their calibre, we would soon see the little blood corpuscles worm their way past each other just like the logs in a jam when it begins to break. Once the little canals are cleared, the seepage into the air vesicles would soon cease, and what little did get in would soon become absorbed before it had a chance to clod.

The question is, can we do it? Dr. J. P. Hall says, "last but not least, study the physiologic action of drugs." Very good advice it is; so we will do it. But first let us see what kind of an action we want. The pulse tells us that something has gone wrong with the vaso-constrictiv centres and nerves. The flusht face tells us about the condition of the capillaries. They are held in a state of tonic contraction, and we must persuade them in some way to let go. Our materia medica tells us that aconite in small doses is a powerful vaso-motor depressant, and that veratrum ranks next in value. Experience tells me that both combined work better than one alone. At any rate a little of each, judiciously applied, will soon do the jui jitsu act with these arterial stranglers and make them only too willing to let go. If you now put a pound or two of extra steam pressure behind the pump with digitalis there will soon be something doing. It is along these lines that I proceed, and here is the way I would treat the case at hand:

Into 16 teaspoonfuls of water I put 2 gtts. of each fluidextract of aconite and veratrum. Of this one teaspoonful is given with a sip of hot water every fifteen minutes until further orders. Over the sides of the chest and abdomen I distribute with a dropper 30 to 40 drops of guiacol, and pile on plenty of bedclothes. In about twenty minutes a nice perspiration begins; and as I don't want this too profuse, I regulate with bedding. In an hour or so the pulse has become full and soft and is down to 95 to 100. Temperature has also dropt a degree or two. The medicin is now given less frequently, my aim being to bring the pulse rate down to 80 and hold it there with the least amount of drugs. This is important. "If a little is good, more is better" will positivly not work with aconite and veratrum. Should the pulse become slow and full but with a weak impulse, I tone up the heart with fluidextract digitalis. In about five hours I have the room warm and the patient is rubbed dry and gets a change of underwear if he is in the habit of wearing his to bed. If cough is predominant over pain, I give heroin 1-24 grain. If pain is more annoying than cough, codein ¼ grain repeated as needed is the remedy. The bowels are made to move with the good, old-fashioned U. S. P. cathartic pill.

In the majority of cases so treated the fever will have subsided in twenty-four hours; but keeping in mind what has gone on and is going on in the lung, I keep the patient in bed, keep the skin moist, and stimulate the emunctories. The aconite and veratrum are withdrawn as soon as the

Digitized by Google

storm is over, for as soon as you have secured sedation and equalized the circulation, their usefulness is over. It will surprise those who have not seen it before, to watch the red spots disappear, and the dusky face assume its natural color in the course of an hour or two; and if congestion disappears from the face, why not also from the lungs? The same agents are at work in both places. Even should, in isolated patches, the air vesicles have become filled, as long as you check the spread of the congestion, inflammation will be limited to them, and they will go to resolution without any one being the wiser. If you think all this over, don't it seem reasonable that a beginning pneumonia may be aborted?

I think I can point out to you the secret of our success and the failure of so many others. I always dispense my own medicins, and they are the best that can be gotten. My fluidextracts are either standardized or physiologically tested; and I can depend upon it that I will get the desired action. I always, in cases like the above, see personally that they are given to effect, and discontinued as soon as their usefulness is over. This, of course, requires far closer watching than the average man can give his cases. I have gained my experience in small communities, or at least in places where a comparativly large number of people lived in a small area, like mining camps during boom time, and it was possible for me to run in and see my patient as often as I wanted to during the critical hours.

I pity those of you who have to depend on the truck that is handed out in drug stores on your prescriptions. You never know where you are at. If you don't get the desired action, you don't know where to place the blame—whether the drug was no good or your dose not sufficient; and the worst of it is, you soon lose faith and give up trying. Have you ever had cases where your digitalin tablet failed to act? or your atropin or nitroglycerin? The alkaloids are all right as far as they go, but put it in your little book, not in every case do they represent the activ principle of the drug. Try them, watch their action closely and you will find some working like a charm, others absolutely worthless.

Now, to that "certain class of physicians that claim to abort pneumonia in three days or less." This class is in existence all right, and it is not made up of the members of any particular school of medicin either; but of men who know the physiological action of their drugs in large or small doses; and besides that, the specific action also. Men who study carefully the condition that confronts them, and never give a dose of medicin unless they are sure what the effect will be, and that they want it. Men who are not afraid to push drugs to effect after they have concluded that they must have it, and who watch until they have it. In other words, men who treat conditions, not names. It's the little things that count in the long run, and it's the painstaking man, he who pays close attention to detail, who gets results that can never be obtained by the hit-or-miss method. E. Gray, M.D.

Rawhide, Nev.

[Here is a man who classes himself with the practical men who "treat conditions, not names," and he is making a dreadful fuss over *what shall be called pneumonia.* We admire and indorse his treatment—except that we would hesitate to use digitalis as early as he does. His pathology and diagnosis are admirable—the whole trouble being the *name.* The only question is, shall we call all pulmonary hyperemias pneumonia in the first stage? It makes very little difference, just so we *treat* it right. But while we are talking about it, we will call attention to the fact that we have all seen pulmonary hyperemias resolve, in both children and adults, even without treatment of any special character. Are they pneumonias "aborted" spontaneously? And are all pulmonary hyperemias which are cured by the above or other rational treatment, "aborted" pneumonias? Who can say just which ones would have developt into pneumonia without the above or other effectiv treatment, and which would not? And why contend about it? We suppose that some men will always call *all* such cases pneumonias, "aborted" or unaborted, as the case may be. Other men will always keep pulmonary congestion in their category of diseases, and will so designate cases that are limited to the stage of congestion. We frankly belong to the latter class. But while being so classified, we stand second to none in our advocacy of prompt and vigorous treatment from the first, in all cases, both mild and severe; believing that such treatment, if it does not succeed in making an early cure, will modify favorably even the most severe cases, in any "course" that they may be destined to take. We cannot close better than by quoting Dr. Gray's own words, "treat conditions, not names."—Ed.]

Vaccines in the Treatment of Disease.

EDITOR MEDICAL WORLD:—I should like to advise "Texas" (February WORLD, pages 75 and 76) to send some of the young lady's pus from her boils to the Cutter Laboratory, Berkeley, Cal., and have a special vaccine made which will cost but $10, and I am sure he will obtain surprising results. I have had remarkably good results from their various vaccines.

In chronic urethritis the gonococcic vaccine alone or combined with the staphylococcic vaccine will give you results when everything has failed. In fact, I never treat old "clap" cases without using vaccines as an aid, and very often use nothing else.

In two cases of acne I am treating now with the acne bacillus vaccine I am going to win out, and one of the cases especially was a most obstinate one. The face was indurated like a piece of leather, and here and there pustules of a dark hue would show up, making a hideous sight; but with the vaccine they have entirely disappeared. Very often the high frequency current has helpt me out.

In two cases of septicemia, one following a retained placenta of four days, and the other from filth following a confinement, I got excellent results from streptococcic vaccine.

Many doctors laugh at the use of vaccines, and others will not use them because they think they are expensiv; but they will overcome their prejudice if they once use them; and as far as expense is concerned, they are cheaper than medicins, and you get all the results your patient is looking for. They require careful watchfulness, but you soon learn how to use them. I mention Cutter's Laboratory simply because I have used their vaccines entirely and have always got the results.

Douglas, Ariz. J. J. P. ARMSTRONG.

Whooping Cough.

EDITOR MEDICAL WORLD:—In some of the WORLDS of recent date I have noticed suggestions on the treatment of whooping cough. I found in some trying cases I had this winter that the following proved very gratifying: In the morning burn a sulfur candle; after which air out the room. The child now has a room free from bad air. When the child is ready for bed, give it 5 grains of kali bromid. This will keep it quiet thru the night. If the bromids fail in themselves, you may add during the day about 15 min. tr. opii camph. I have found the above very satisfactory. The diet and hygienic surroundings are of importance.

Malden, Mass. CHAS. S. J. MCNEIL.

Urticaria.

EDITOR MEDICAL WORLD:—I note on page 131, March WORLD, an inquiry from a colleague in reference to the treatment of an obstinate case of urticaria. Permit me to suggest the use of calcium lactate, ten or fifteen grains dissolved in a half glass of hot water every three hours. I have had prompt relief in a number of acute cases. If colleague's patient is benefited, would be pleased to know it. G. A. BROUGHTON.

Los Angeles, Cal.

Another Novel Method of Reducing Hernia.

EDITOR MEDICAL WORLD:—The novel method of reducing inguinal hernia as narrated by Dr. J. B. Curry, on page 107, March WORLD, appealed to me as entirely feasible, and brought to my mind a plan as related to me some years ago by Dr. D. D. Potter, of Seward, Neb. He stated that he had a case that would not reduce, as he thought, without an operation, but he thought of an expedient, and taking out his hypodermic syringe he plunged the needle into the sack, then unscrewed the barrel and let it whistle. The escape of the gas soon reduced the size of the tumor so that it really reduced itself. He also said he had repeatedly used the same means, and always successfully, at different times since; and that there had been no untoward symptoms at any time. What do you, Brother Editor, think of it? How about it, brethren along the line? If a safe procedure, why not adopt it? If unsafe, "cut it out."

A suggestion: We all like THE WORLD, of course we do. Then why take up the Editor's time, the space in so valuable a paper, and all this in making inquiry as to the formula of this or that nostrum? We surely do not intend to use them in our practise, and I think to utterly ignore them would be the proper treatment of them, as every time we mention them we simply advertise them to that extent. Let the Editor give us the meat in the nut and cut out the husks. J. J. PICKETT, M.D.

Broken Bow, Neb.

[We see no danger in Dr. Potter's method.

If we *know* something about the composi-

Digitized by Google

tion of nostrums, we can more successfully meet the ridiculous claims made for them. —ED.]

Prescription Writing.

EDITOR MEDICAL WORLD:—Referring to my article on prescription writing (February WORLD, page 57), where I advocated the publishing of a few prescriptions from time to time, I wish to say that you do not understand me if you think that I expected physicians to adhere strictly to these ready-made prescriptions regardless of the condition of the patient. My reason for wanting them publisht is to familiarize us with the methods of other physicians, so that in writing our prescriptions we will be able to do so more intelligently. If you will go over the prescription files of most physicians you will, I think, find that very little latitude is shown in the selection and combination of drugs. In other words, a doctor will unconsciously fall into the habit of writing the same prescription over and over again without varying it to suit the symptoms of each case, and it is this narrowness that I am fighting against; and my idea was that if a few prescriptions of other physicians were publisht occasionally it would have a broadening effect on all of us, and tend to keep us out of this rut. It would show us that no matter how much experience we have had or how competent we feel ourselves to be, yet we can always learn something by studying the methods of others, and that the more our views are broadened in this manner, the better physicians we will be.

I would like to know why so many doctors show a tendency to shy at prescriptions that are publisht in medical magazines, when nearly every one of these doctors uses the various "ready-made" preparations in the way of elixirs, syrups, tablets, etc., put up by the various drug houses.

Many a doctor will prescribe the latter time and again, even where the patient's symptoms vary, and he will think it is all right; but he will hold up his hands in horror at the idea of using a prescription that he sees in a medical magazine, even tho it is much easier for him to modify the prescription to suit the needs of the patient than it is to modify the preparation made by the drug houses.

I am not trying to run down the many excellent preparations put up by the drug houses, but would like to see a little more consistency. E. W. ZOOK, M.D.

Dunlap, Ill.

Hypodermic Treatment of Varicocele.

EDITOR MEDICAL WORLD:—In the February WORLD, page 64, Dr. W. F. McKinley writes on the Non-Surgical Treatment of Varicocele with Electrolysis. I presume the result is obtained by exciting adhesiv inflammation and agglutination of the veins, and requires several applications. I have used with success for many years a still more simple method: the injection among the veins of tr. iodin, 20 or 30 min., with a hypodermic syringe. The technic is to hold the bunch of veins apart from the cord and plunge the needle into and thru them against a backing of clean rubber or the like; then withdraw the needle point till it is in the bunch and inject. This never lays the man up, and seldom has to be repeated.

BENJ. ROBINSON, L.R.C.S., Ire.;
M.D., N. Y. Univ.

Hawthorn, Nev.

Dermatitis Gangrenosa.

EDITOR MEDICAL WORLD:—The case of Dr. McKenzie's (page 74) reminded me somewhat of a case I had recently which I diagnosed as dermatitis gangrenosa infantum, tho he does not speak of the formation of eschars. In my case (9 months old), the eschars on the back of one hand and the forearm of the other side appeared where the mother declared the child had always had birth-marks. The following day similar purplish-black spots appeared on each leg. The child died on the third day. The systemic disturbance did not seem great at any time.

What do you think of hypodermic injections of quinin for local anesthesia?

Pottstown, Pa. W. W. DILL.

EDITOR MEDICAL WORLD:—On page 573 of the new work on tuberculosis by Klebs, will be found reference to "anaphalaxis," the toxic effect of a second dose of serum when administered from eight to twelve days after the first dose. This in regard to the question of Dr. J. H. Fretz, of Waycross, Ga. E. J. ROWE.

Hillsboro, Miss.

Dr. W. T. Carstarphen, of Kittrell, N. C., writes: "Somehow I always find time to read THE WORLD entire, tho many other journals get a cursory glance. I like your open journal—I admire your fairness."

Digitized by Google

The First Year in Practise.

A young Chicago brother, when sending his renewal, takes occasion to say:

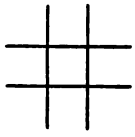
Some idea of the value of your journal to a beginner may be had when I say that I have read page 294, July, '09, issue, over a hundred times. It is such articles as that from "One Thru the Fire" that gives a young brother courage to *stick*.

Let us have more letters on collecting. I did $265 of business during my first year in practise, and $235.50 of above amount collected to date. I give these figures hoping that at some future date you will give us an article on the income from practise during first few years.

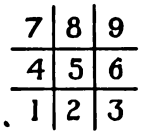
Our readers can give this information better than we. Who will give their experiences, financial and otherwise, for the encouragement of those just beginning? The medical colleges will send out several thousand "new ones" in a few months.

"Character" Cost Marks.

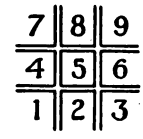
EDITOR MEDICAL WORLD:—The February WORLD contains an inquiry from Dr. W. M. Beck for a "character" cost mark, and I herewith beg to submit one that I have used for years. It is simply taking the old double cross



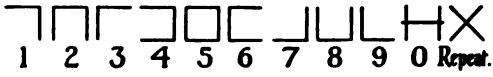
with a figure placed in each space, as

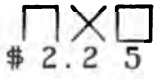


and using the boundary lines of each space as the character representing that figure, as



or interpreted as



with  as an example.

Mauch Chunk, Pa. H. F. HOFFMEIER.

Dr. A. C. Wentz, of Hanover, Pa., sends the same plan with this modification: He makes the sign indicating the number of dollars large, and the characters indicating the cents small, and *within* the dollar character. He also indicates 0 by z and y. He also draws a line beneath the price as indicated by the characters, to avoid being misled if the package should be turned upside down.

Price Marks.

EDITOR MEDICAL WORLD:—Replying to inquiry of Dr. Beck, February WORLD: One way of marking cost and selling price, both in figures, is to mark selling price above a line and cost per dozen below the line:

$$\frac{50c}{400} \text{ or } \frac{65c}{525}$$

Another method is to use a dummy figure in marking the cost. Let the first figure or letter be the dummy. An article costing 38c. and selling for 50c. would be markt 50c.-738 or 50c.-338.

More elaborate systems are in use, yet I do not believe any system more complicated than the above is often required. GAULTHERIA; OHIO.

EDITOR MEDICAL WORLD:—I see a request for a numerical cost mark. Here is something that I have used for many years, and it suits me better than anything I have ever seen:

I number the months from 1 to 12 and use the month number before the actual cost of the article; following the cost of the article I use the last or the last two figures of the year. Last December I bought an article costing $1.75; therefore my cost mark reads 121,7509. I can always tell just when the article was bought, what it cost, and other people do not study it out easily. Last month I bought an article that cost $1.80, and my cost mark reads 11,800. If I bought the same thing this month, it would read 21,800; if next December, it would be 121,8010. I take care to place as many figures after as before the actual cost figure, place the decimal right, and the centre figures are always cost. Again, I frequently find it very convenient to know just when the purchase was made, and this system gives it with no trouble. W. C. GATES.

Bucyrus, Ohio.

EDITOR MEDICAL WORLD:—Dr. W. M. Beck, on page 79, Feb. WORLD, might use the figure 5 if he wants a cost mark in numbers. Add five to each figure of his cost price. Say, for instance, an article costs $2.50; adding 5 to each figure makes 705, taking, of course no regard for the extra figure 1 that would occur by adding 5 to 5. This would be it: 250+555=705. Now, mark the goods 705, and if you want to know its cost, subtract 5, thus, 705—555=250, taking again no thought of the real subtraction of 5 from 0. If each figure of the cost of an article is above 5, as in $6.87, then you may subtract 5 in order to get a secret cost; as, 687—555=132; or if you add, take no thought of the extra figures made by adding; as, 687+555=(1)1(1)3(1)2. It is very simple and quick and easy. I hope I make it plain. H. H. SCHULTZ.

Sutton, Neb.

[Any other arbitrary number than 5, as 3, or 1, may be used. There are many other devices; as, put 1 before and after the cost price, as well as add 1 to each figure; as $1.25=12361. Subtracting 11111 leaves 1.25. This plan can be varied almost infinitly. Another method is to place the month of purchase in front, and the year of purchase after; as, an article costing $1.25 purchased March, 1910, would be indicated thus: 312510. This would indicate both the cost and date of purchase. This can be further complicated by adding 1 or any other arbitrary number to the figures of the cost price only, or to both the cost price and to the figures indicating the date.—ED.]

Digitized by Google

For Tonsillitis.

℞ Tr. aconite root.....gtt. x
Tr. guaiac .....ʒ ij
Glycerin, q. s. ft.....ʒ iv
M. Sig.—Teaspoonful every one to three hours till relieved, then three or four times a day.

I have used the above for tonsillitis for twenty years, and have never known it to fail to give relief when given in time. D. C. SANDERS.
Foreman, Ark.

DEAR DR. TAYLOR:—I hasten to send check for $3. WORLD too good to drop and cannot afford to pay 50 per cent. interest and expense. Would rather save 25 per cent. So here is check for $3.

Have been using letters like yours in Dec. and Jan. WORLDS, and Dr. Hull's (Feb. WORLD, page 50) for ten years. Thought all physicians did same. Result is that I have collected 90 per cent. of work done during the last nine years. General practise. Do not do as much work, perhaps, as others, but I get my money, and can read and rest.

Florida Everglades land is selling here at $50 per acre. Great many of our people go down there every year. Know it. Your principle on investment is all right. Buy what you *know*. Consult your banker. Buy bonds. Do not let your patients know you do not *need* money. Always *need* it and you will get it. Be prosperous. Even rats desert a sinking ship.
Waukegan, Ill. J. F. ROEMER.

DEAR DR. TAYLOR:—Inclosed please find $2.25 for WORLD for 1910, and a copy of Sheldon's book. Continue the Talks; they are o. k., and very interesting and instructiv. My wife does not agree with you altogether, but we are tolerant Anglicans.

J. L. M., M.D., Mo., Feb. WORLD, page 79, inquires regarding prevention of conception. He can get the necessary information from "The Sexual Question," by August Forel, M. D., adapted to English by C. F. Marshall. Copyright, 1908, by Rebman Company, New York. It may be against the law to sell it, but it is well worth reading independently of the question regarding conception. H. V. MALONE.
Frankford, Ont., Can.

For My Encouragement.

DEAR EDITOR WORLD:—I write you to try to encourage you in the good work in which you are engaged.

THE WORLD is a regular little gold mine of helps along the line of our clinical work. The papers are full of good, practical suggestions.

Your editorials on "Rational Therapeutics," etc., are fine and very helpful. I hope no one of our family will try to discourage you along that line. We need just such things to help us broaden our views and learn to give the other fellow a little of the credit.

Every up-to-date practician to-day should have a pretty thoro knowledge of hydrotherapy, electrotherapy, osteotherapy, and mechanotherapy, as well as drug therapy. No one of these can be considered a cure-all, but they all have their places in the field of therapeutics.

I am not a prophet, nor son of one, but I do prophecy this much: that before a very distant day all the above-named methods for the purpose of eliminating disease and relieving the aches and pains to which the human body is heir will have a chair in our up-to-date medical colleges.

I use all these different methods except osteopathy in my own practise. When I get a case for which osteopathy is indicated, I send him to an osteopath. I think I hear some one asking the question, "How do you know when osteopathy is indicated?" By practising it for four years before I studied medicin.

Now, in regard to your "Monthly Talks": They all do me good. Some I heartily indorse; viz., your Business Talks are very helpful. I don't think I vote as you do, but your political talks are all right.

Now, as to your religious talks, as I said above, they do me good in that they cause me to read and to search the Scriptures and to be more deeply grounded in my faith in the King James version of the Bible as the inspired Word of God, which tells of the building of a nation, beginning with Abraham, of Isaac as a sacrifice, of Jacob's sorrows and troubles, and subsequent bondage of Israel and the raising up of a deliverer (Moses) and their deliverance from the land of Egypt, from the house of bondage, all of which was typical of the Christian dispensation.

I believe in the redeeming blood of Christ as it flowed from the cross on Calvary, when He said, "It is finisht." I believe He was buried, rose again triumphant over death and the grave and became the first fruits of them that slept; that He ascended on high and is seated at the right hand of the throne of God, and that He will come again in like manner as He was seen go into heaven, to judge the quick and dead and to receive His own. I ask you to read carefully Heb. xii, 1, 2, and John iii, 36. Yours sincerely,
Jacksonville, Ill. C. C. COCHRAN.

The Doctor.

BY AGNES R. L. PRATT, SEDALIA, MO.

Who midnight oil and money burns,
While knowledge, lore, and skill he learns,
Works, waits, and watches for returns?
The doctor.

Who is of greed and graft accused,
Whose instructions oft misused,
By ingrate patient then abused?
The doctor.

Who works, and worries, and waits on charity,
Of all the virtues the Christian rarity,
And symptoms watch in shrewdest clarity?
The doctor.

Who visits rooms unkempt and drear,
Is greeted oft with whine and sneer,
Yet ever has a word of cheer?
The doctor.

Who ventures forth on stormy night
To quell some frenzied patient's fright,
Nor leaves till he's restored quite?
The doctor.

In whose anatomical lore
Is the "family skeleton" o'er and o'er,
Yet ne'er betrays for gold or power?
The doctor.

Digitized by Google

Of whom is 't over and over said,
'Tis guesswork fills the M.D.'s head"—
Then, "The doctor, quick, or I am dead"?
The doctor.

Who sweetly says to new-made mother,
(Tact and gallantry losing never),
"This baby is the finest ever"?
The doctor.

Who waits his patient's long delay,
Then sends his bill some needful day,
And is stood off till judgment day?
The doctor.

Who, when in fraternal meet,
Is jovial, witty, modest, neat,
Whom millennium fads can ne'er defeat?
The doctor.

L'ENVOI.

When at last at the pearly gate,
A motley throng of sinners wait,
And deadbeats clamor a place to win,
Who'll hear, "Faithful servant, enter in"?
The doctor.

Some of the brethren seem to be still under the impression that we give private advice by letter if stamp is inclosed. The fact that we do *not* do so has perhaps led to the disappointment of those who *will not* read the standing notice at head of the Quiz department. It is easier for you to read this standing notice than it is for us to write hundreds of letters. Will you kindly read the standing notice?

Dr. C. A. Bryce, Editor of the *Southern Clinic*, Richmond, Va., writes:

I doubted the wisdom or success of your line of editorial educational work at first, but it has gradually dawned upon me as *I began to think a little* for MYSELF, that you were and are engaged in the greatest uplifting, liberalizing work that could possibly be undertaken; and you have caught enuf attentiv ears to become a power in the land. Keep on with a brave heart, and may God bless you. Your friend, C. A. BRYCE.

Wants to See Their Faces.

DEAR DR. TAYLOR:—Inclosed find my eleventh dollar and my eleventh bunch of thanks for your zealous interest and diligent work for me, first, and for the medical profession next. You are always looking for a place to improve us, mentally, physically, and socially. Keep it up. I don't care whether it is medicin, religion, politics, farming, or law; it all helps to fill the blank nooks in our craniums. You hold no ban over me if I do not agree with you; neither will I stop my paper if you do not agree with me in every little minutiae. Keep at it, Brother Taylor, and if I don't agree with you entirely I am getting my dollar's worth anyway. The family askt for your views on religion and then a few flew mad because you gave them. I didn't fly mad, but kept up a mighty thinking to see whether you or I was it. Just one favor and you can have another dollar. Publish the faces of those who have stopt your paper lately because you did not agree with them, so the rest of the WORLD family can see whether it would be best to get mad or keep on thinking. Yours fraternally,

New Woodstock, N. Y. DONALD PARKER, M.D.

[Doctor, I couldn't think of doing so cruel a thing as that.—ED.]

THE WORLD has a field of its own, that of offering a great number of bits of advice for management and treatment of those cases the average doctor is most likely to meet. Among my journals not one is less apt to disappoint the feeling of pleasure and anticipation with which I welcome the fresh new cover on its monthly visit. W. T. WRIGHT, M.D.

Denison, Iowa.

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Probably Cerebral Trouble.

EDITOR MEDICAL WORLD:—Male, 12 years old; good health apparently; family history good. Carried a 25-lb. sack of salt two miles home one evening; seemed exhausted when he arrived home. Next night complained of extreme headache, beginning about dark. Each morning same time headache came on, becoming more severe each evening. Fifth day paralysis developt in feet, gradually affecting feet, legs, arms, hands, and neck in order named, developing paralysis occupying a week's time. Headaches lasted from about 6 p. m. until daylight, with periods of natural sleep of perhaps one or two hours each, several times each night. After sleeping one or two hours, he woke up in terrible pain, with itching in spots the size of a dime over different parts of body, mostly hands, arms, and face. Face bathed in perspiration all the time. Vomiting relieved headaches first few nights. Temperature normal; pulse 90 to 100; appetite fair, tho unable to swallow without difficulty; bowels and kidneys acted well; tongue slightly coated, breath very offensiv; pupils normal. Head drawn to right always. Right side mostly affected by paralysis. I saw this patient on tenth day after he had been treated by others for this length of time. Found above conditions; also contraction of all of the fingers. My diagnosis was multiple neuritis. Patient died eleventh day from asphyxiation. Would like your opinion as to correctness of my diagnosis; also the opinions of the family.

Oktaha, Okla. O. E. HOWELL, M.D.

[We confess our inability to make a diagnosis in this case, altho we do not believe it to have been a multiple neuritis. It has some of the features of apoplexy in childhood, tho it lacks many of the features commonly existing in this somewhat rare affection. We think, however, that the seat of trouble was cerebral. A very interesting

Digitized by Google

case, and one evidently hopeless from the onset. Perhaps some of the family will write you with suggestions as to etiology and diagnosis.—ED.]

Pneumonia During Pregnancy.

EDITOR MEDICAL WORLD:—As I have been a silent reader for some time, will ask for a little information thru your paper. I have been having a great deal of pulmonary pneumonia to deal with during the past month. I have two cases, both female. One a lady aged 22. She was six months pregnant. During her second week of sickness she miscarried. I used quinin in small doses; also calomel as it was indicated. She had lobar pneumonia in right lung. Was the miscarriage due to the treatment or to the disease?

The second case, a lady 27 years of age, lobar pneumonia of left lung. She was five months pregnant. I had given her some very minute doses of quinin and turpentine, but not any mercury. She miscarried during the first week of her illness. Their temperatures ran from 102 to 104 degrees. Would like to hear from the Editor and also the readers concerning pneumonia in pregnant women.

Painter, Ala. W. A. HORTON, M.D.

[It is considered as definitly settled that quinin has no power of setting up expulsiv uterin contractions. When contractions are occurring, it is often possible to increase their force by doses of 10 to 20 grains of quinin. High fever, from any cause, will generally, if long continued, induce miscarriage in a pregnant woman.

The effect of pneumonia and pregnancy upon each other is decidedly baleful. The parturient woman is generally a bad case of pneumonia. The effect of expulsion of the fetus is notoriously bad. Pneumonia, as a complication of pregnancy, in the first half of the period of gestation, causes miscarriage in 45 per cent. of all cases, and in the latter half of the period of gestation, of 60 per cent. of all cases. Ramsdell, studying 352 cases, concludes that expulsion of the fetus is most common on the second or third day of the disease, and that if this period be passed, the prognosis toward the possibility of preventing miscarriage improves with each day of this disease. It is, therefore, easy to assert positivly that the miscarriage in both cases was due to the disease, and not to the treatment.—ED.]

Urticaria.

EDITOR MEDICAL WORLD:—I am up against it a little. Mrs. E. came to me in August, 1909, complaining of itching of legs from knees to body. No marks except from scratching. Skin lookt healthy, but when she scratcht it would raise a welt. Now it is on the upper part of body and face; legs are o. k. She is 30 years old; has had no serious illness; has two children, 6 months and 3 years old; one miscarriage. Family history negativ, except one older sister has dry eczema, she says; good appetite; in fact, nothing the matter with her except the itching (rather burning). Have used alterativs, antiseptics, internal and external, without benefit. Can you suggest anything? DR. ERNEST E. LEESON.

La Crosse, Ind.

[We suggest that you place her on calcium chlorid, 5 to 7½ grains, every three hours. The drug is dissolved in water, so that the required amount will be contained in each teaspoonful. We generally give them a four-ounce bottle, which is commonly enuf for any case. Give saline cathartics, as the urticaria and burning are evidences of autointoxication.

Most of these cases demand local medication, and in this case we use the following lotion:

Resorcinol	℥ 2½
Carbolic acid	℥ 1½
Glycerin	℥ 1½
Tincture cudbear	℥ 1

Water, enuf to make a pint.

Mix, and direct to apply whenever the itching becomes annoying. We think this line of treatment will solve the difficulty for you.—ED.]

Probably Hopelessly Blind.

EDITOR MEDICAL WORLD:—Austrian coal miner, 56 years old, has workt in the mines for thirty-five years, except during the last five. In 1904 the lights were turned off before he got out of the mine, and he was forced to remain in the workings for eight hours over time. When rescued he was dizzy and had a headache, but made no further complaint. He returned to work on the second day. He noticed his eyesight failing after two weeks, and this progrest till he became totally blind. He is in good health other ways. His eyes look perfectly natural and the pupils respond to light. Soon after losing sight he consulted a number of physicians, without benefit, many of them declaring that he was "shamming." Lately he placed himself under my care. Will the Editor and family make suggestions, and tell me if it is possible for me to give light to this man? DR. W. S. OSBORNE.

Pittsburg, Kan.

[The first thing to do is to exclude cataract, vitreous opacity, retinal disease, and choroidal disease. Any of these may be curable, if present, and sight may be restored; when, of course, he could not be said to be totally blind. If, however, he has complete atrophy of his optic nerve; or if he has a central lesion in the visual centre of the brain, he is totally and hopelessly blind. We fear one of the two latter is present.

Unless, Doctor, you are perfectly equipt with the various instruments of precision

employed in examination of the deeper structures of the eye, and are familiar with them and skilled in their use, we advise your referring this case to some skilled eye specialist in some of the larger cities. If there is any hope for him, he ought to know it and derive any possible benefit the expert specialist can give him; if there is no hope, he ought to be told so in such emphatic terms that he will cease to fret and struggle against fate.—ED.]

A Vienna Hospital Case.—President McKinley's Case.

EDITOR MEDICAL WORLD:—Can you give me the hospital record and method of treatment followed by the Vienna Hospital in treating the young man sent there to be treated for phthisis by a New York newspaper some years ago? This man, it is claimed, had a cavity in one lung and was cured. A full history of this case and the hospital record of the case would, in my judgment, be of interest to many of the WORLD readers, and to me very much so.

I would also like to have a history of the case of the late President McKinley; clinical history, course, duration, operation, and cause of death, *i. e.*, immediate cause. I do not want to study this case because he was president, but because it is an interesting case. J. L. MASSEY, M.D

Parkersburg, W. Va.

[We cannot tell you anything about the first case. If there had been anything new of value developt, it would have been heralded all over this broad land by these enterprising newspapers, so that all of it would have been "household words." So you can safely forget it, as there could not have been anything in it.

Regarding the second case, write Superintendent of Documents, Washington City, D. C., inclosing stamp, and stating request. If it is in print, as a Government publication, and it is our impression that it is, he can furnish you with it.—ED.]

The Use of Dr. Barnes' Fetal Ventilator in Breech Presentation.

EDITOR MEDICAL WORLD:—On November 12, 1909, I was called to Mrs. M. H., a multipara. with her third confinement. On examination I found I had a breech presentation. Having no help but the lady's mother and husband, I explained the case to all, and told them that I had one of Dr. Barnes' ventilators; told the mother she would have to help me, showed her the instrument, and told her what I wanted her to do, and what I would do if the instrument was needed. After thoroly sterilizing the ventilator, placed it in an antiseptic solution near the bed. In a short time labor was on in full force. After a few good pains the body was born and the head remained. I waited for another pain, but labor had completely stopt. So I raised the child up (as its face was to the mother's back), and had the grandmother to hold the child. I then pulled the perineum down with two fingers of my left hand; then the ventilator was very easily placed over the child's mouth with the right hand. Just as soon as it was placed the child began to breathe nicely. I could hear it and see it. The child was doing well, so I told them we would rest patiently for awhile. I waited ten minutes, no pains; so I told the old woman to hold the child, and I would give her some medicin. I gave her one teaspoonful f. e. ergot, took hold of my ventilator (which did not move while I fixt the medicin) with my right hand, and began to knead the uterus with my left hand. In twelve or thirteen minutes after giving the ergot, one pain, and the head was born. The child was breathing nicely. I was relieved, and we all rejoiced. I think that the use of Dr Barnes' ventilators would save many babies in breech presentations. The ventilator is very small; you can carry it in your vest pocket.

Dr. Barnes will gladly send any WORLD reader a cut of the instrument. His address is Homewood, Miss. W. A. JONES.

Pulaski, Miss.

[This is entirely new to us, and we have much curiosity to know the construction of this "ventilator." The usual cause of death in infants presenting by the breech is generally presumed to be, not inability to breathe, but pressure on the cord. The accepted teaching is that the body should be closely covered with hot towels to attempt to prevent attempts at respiration. In the vast majority of cases, the after-coming head can be delivered inside of five minutes after expulsion of the body, and if delivered inside this time, there is little danger of death. The accepted practise is to devote all one's energies to obtain a quick expulsion of the head, rather than to sit around comfortably waiting. If death be due, as presumed, in most cases, to pressure on the cord, how is the "ventilator" to be of any service? Will it not rather increase the mortality by inducing the unskilled obstetrician to delay the delivery thru a false sense of security? It would seem that Dr. Barnes should send information regarding his instrument, if he deems it of universal application in these cases, not only to editors of medical journals, but to every doctor in practise.

Later: We learn from the adv. department that an order has been received to advertise this instrument, and it is probable the advertisement, with cut, will appear in this issue.—ED.]

Metrorrhagia.

ERITOR MEDICAL WORLD:—Miss P., 21 years old, average size and well built, light complexion. Menstruated first at 15; was regular until 18. Since then she has been bothered with metror-

Digitized by Google

rhagia, sometimes lasting two and three months before it can be stopt, reducing her to a state of anemia. Soon builds up when it stops. This has kept up for three years in spite of all treatment. The uterus is large and flabby. A small fibroid is in posterior part of neck. Have irrigated womb with different kinds of medicin, checkt the hemorrhage with adrenalin. Sometimes will be well for two, three, or four months, then the same trouble all over again. Have about gone thru the materia medica, and apparently have gotten the most good from apocynum. Seemed to get worse under the use of hydrastin. She has a sister that was the same way for three years. She got well under the use of hydrastin, and has been well now for over three years. The family history is bad; mother died of consumption, and her mother's whole family has died with it or has it. Her grandfather on father's side died of cancer of stomach and prostate gland. Would it be advisable to curet in the face of this history? Can any one suggest medical treatment that will help? Will just say that she seems to be in good health every other way except when the hemorrhages weaken her. J. B. S.; OHIO.

[If the menorrhagia is due to an endometritis, cureting properly done would probably cure her. If it is due to the fibroid, which seems to us quite likely, cureting would, of course, be quite useless. Cureting, properly done, can never be the cause of death. In obstinate menorrhagia it may be necessary to repeat the process several times.

Why do you not remove the fibroid, if, as seems from your description, it is easily mapped out? Remember that if you have "one small fibroid of the neck," you are very apt to have other fibroids of other parts of the uterus, interstitial or otherwise, which are not demonstrable.

Have you tried gelatin, calcium chlorid, cotoin, and stypticin?—ED.]

Obesity.

EDITOR MEDICAL WORLD:—I have a patient who is extremely anxious to reduce her weight, and has written to the *wonderful*(?) Miss Susanna Cocroft, and, of course, Miss Cocroft is deluging her with testimonials of almost miraculous cures of everything from anal fissure to the most obstinate cases of obesity. Will you kindly write me what you think of Miss Cocroft's treatment? Also advise me just what method of physical exercises will most benefit my patient. I have read with much benefit your editorial of January, 1910, on the subject. L. L. VANN.
Danville, Va.

[The Cocroft treatment is directed to the *pocketbook of the patient,* and will undoubtedly reduce *its* weight.

We could not say anything more about the treatment of obesity than we said in the editorial to which you refer. We could amplify it into a book of pretentious size, but we would not be actually saying more, except to detail the diet lists, which you can find in any work on Practise of Medicin or Therapeutics.

Send to E. B. Treat & Co., New York, N. Y., for Carl von Noorden's book on Obesity; it only costs 50 cents. It will give you a clear insight into the principles underlying the treatment, then you can work it out to suit this individual patient, with certainty of success. Every one who makes a success of this line of work works out a system for each patient; you can no more generalize it to routine than you can routinize any other treatment of any other condition or disease.—ED.]

Aluminum Acetate.

EDITOR MEDICAL WORLD:—I would appreciate some information on aluminum acetate. I have consulted two authorities on chemistry, two on materia medica, the National Dispensatory, and a professor of pharmacy, and am still in want of the following:

1. Solubility. 2. Physiological action. 3. Therapeutic indications, both for internal and external use. 4. Doses. 5. Incompatibilities.

The nearest I have come to ascertaining any information was by looking up liq. alumini acetatis in National Formulary; but there the aluminum acetate is produced by chemical reaction.

I have heard of 8 per cent. aluminum acetate solution being made. Can you tell me how? Merck's Index says it is insoluble in water. Can basic pure aluminum acetate be put into solution without any chemical reaction?

Chicago, Ill. A. S. PARK, M.D.

[You probably have an old edition of Merck's Index, since the 1907 edition gives the following information: "Aluminum Acetate, Merck.—Basic, from aluminum acetate solution by rapidly drying on glass at a low temperature. $Al_2O.4C_2H_3O_2$ plus $4H_2O$. White crystallin or amorphous powder. Insoluble in water. Antiseptic. Uses: Chiefly as mordaunt and as disinfectant by embalmers. Internally, diarrhea and dysentery. Dose 5 to 10 grains three times a day." Ditto. "Merck.—8 per cent. solution; 8 per cent. basic aluminum acetate. Clear, colorless liquid. Specific gravity 1.044 to 1.048 at 15° C. Miscible with water. Antiseptic, astringent. Uses: Internally, diarrhea and dysentery; externally, as lotion for putrid wounds and in skin affections; injection in gonorrhea; as mouth wash and for fetid breath. Also as embalming fluid. Dose 3 to 15 minims in sweetened water. Application externally, 1:15.; as mouth wash, 1-3:100; and as enema, 1:150."

This would seem to be about all the

Digitized by Google

information obtainable. As it is not expensiv, why not buy it? We are sure you will save expense by purchasing it already prepared.

Merck & Co. will gladly give you any further information obtainable concerning this drug, if you will write them.—ED.]

Renal Calculi.

Dr. A. L. Russell, Midway, Pa.;

DEAR DOCTOR:—Inclosed please find $2 as fee for immediate help, as per your terms at head of Quiz Department. Young man, 18 years of age, robust health, weight 175 lbs., is subject to renal calculi. Seizures attack him on left side. Suffers intensely. Sometimes goes a month or so without attack, but the last two came within ten days of each other. In last spell I gave hypo of morphin ¼, and atropin 1-150th, but had to follow with another half-dose before relief was obtained.

I have treated this case along the uric acid diathesis theory—salithia (Abbott) teaspoonful in half glass of hot water every morning half an hour before breakfast; calcalith (Abbott), one tablet after meals; arbutin, gr. 1 after meals; benz. lithium ½, arsenate soda, 1-67, three pills of each before meals. By using the above treatment on another case we got rid of the attacks. Have kept it up in this case four or five months, and attacks seem more together than before. These attacks have been troubling him so bad for little over a year. Any course of treatment you can suggest will be greatly appreciated. KANSAS.

[DEAR DOCTOR:—The potassium salts are held by many as more efficient than the lithium. The following combinations have been used with success in many cases:

Magnesium Boro-Citrate.

Magnesium carbonate	1 dr.
Sodium biborate	
Citric acid, āā	2 dr.
Boiling water	8 oz.

Mix, and direct a tablespoonful four times a day.

Potassium Tartra-Borate.

Potassium bitartrate	4 parts
Boric acid	1 part
Water	10 parts

Mix, and heat, thus obtaining the salt as a powder, of which 20 grains are given in a large draught of water four times a day.

Ammonium biborate, in 20-grain doses every two hours, is given till free urination is obtained, then 15 grains three times daily in infusion of flaxseed. Lime water, internally and injected into the bladder, has many successes to its credit. Vichy water is the preferable of all waters in this affection, and we like to encourage their use, whatever treatment be employed in addition. A decoction of hydrangea has long been used among the Cherokee Indians, "with uniform success" (Butler).

One-fourth grain of morphin is often insufficient in severe attacks, and it is generally safe to use ½ grain if guarded with atropin. Hot turpentine stupes are the best local measure, during the paroxysm, sprinkling the turpentine upon the cloth after it has been wrung from the hot water; not as is sometimes done—adding turpentine to the water.

The old piperazin should not be forgotten in any obstinate case of this character, as it has resulted in many cures. Neither it nor any other drug or combination of drugs can be declared to be a specific. You have failed with your treatment; we have given our favorits in their order of preference.—A. L. RUSSELL.]

Periodical Inebriety.

EDITOR MEDICAL WORLD:—Can anybody tell me what to do? My husband drinks—drinks to horrible excess; not all the time, but periodically; and I always know from my own symptoms as well as from his when the attack is coming on. He, when he will talk about it at all, says that there is no real physical craving for drink, but that it commences with an indescribable restlessness that increases, becoming more and more acute, until it always ends in drink. He always thinks he will fight it off and not yield to this mysterious demon again, but he does yield every time.

The symptom that I notice most is an inability to sleep. He will lie awake until twelve or one o'clock every night, and be awake to hear the clock strike every hour until morning This condition continues sometimes for two or three weeks before he begins drinking. Now, does any one know of any remedy (not morphin in any of its forms) that can be depended upon to produce sleep, and ward off this inevitable nightmare of drink?

You may wonder how I know by my own symptoms when he is going to get at it. Well, I dream it—always dream it. Then I, too, become restless and nervous. I am not a hysterical woman, but I feel, at such times, in my nervous system all that a screaming, laughing, hysterical woman ever feels.

This patient has no other vice—doesn't gamble nor even loaf, and is as regular as a monk in his habits; never spends an evening or Sunday away from home unless business demands it. He has taken the Keeley treatment several times, always with beneficial effect, but the last two times he only held out six months, and it seems useless to send him if it does not last longer than that. When he sobers up at home without the Keeley treatment he usually holds out from ten to thirteen weeks, owing to how hard workt he is. Overwork and business worry seem to have some effect in shortening his term of sobriety.

He is fifty-nine years old, in good health, and has had the strength and endurance of ten men. I have known him to drive thirty miles thru a February blizzard to see a patient when the consulting physician, who only lived three miles away, refused to go. It was twenty-five degrees

Digitized by Google

below zero. So you see he cannot be accused of a lack of determination or will power in other respects.

I have once or twice given him apomorphin and made him very sick, but never cut short the spree—only interrupted it.

Please answer thru the columns of THE WORLD, and I will try anything suggested. But do not suggest will power, for he can no more cure himself by mere will power than he can break a cable with his two hands. His only salvation is to find something that will relieve that mysterious nerve tension and induce quiet, restful sleep. MISSOURI DOCTOR'S WIFE.

[If your husband sleeps while drinking, his condition is possibly maintained by the knowledge that alcohol will give him "rest" and quiet his nerves. As a medical man, he ought to know that such "rest" is at the direct expense of vitality, and that Nature will never restore the vitality expended on each "spree." Consequently, he does not "rest" in reality at all. If, on the other hand, liquor makes him more brilliant, and he only seems to ignore the sleeplessness, and only quits drinking when totally exhausted, then his argument absolutely fails, and you must realize that he simply drinks because he wants to.

There are many hypnotics of undoubted power which will induce sleep in all cases in the absence of actual pain, which do not contain morphin, and which have no tendency to induce the formation of a habit. Some of them contain alcohol, and we admit we would fear to use those containing it, in his case. We suggest, also, that your periods of "restlessness" and "dreaming" may have a positiv influence in "getting on his nerves," and help to induce an attack, and this absolutely without your knowledge. It is quite common, you know, in case one of two bed partners cannot get asleep, or who sleeps restlessly as in dreaming, that the condition is transmitted to the other, even tho very sleepy at the time of retiring. Separate beds, at least when an attack impends, might help to solve the difficulty. We suggest your giving him veronal in doses of 7½ to 15 grains, the latter probably better, half an hour before retiring. It is obtainable in both powder and tablet, tho we much prefer the powder.—ED.]

Ulceration of the Sigmoid.

EDITOR MEDICAL WORLD:—About eight years ago I contracted ulceration of the sigmoid. Since then have been gradually getting worse. The trouble was produced by eating coarse diet and by heavy lifting. Symptoms are discharge of blood and pus from rectum, some flatulence, soreness and pain in region of sigmoid, more noticeable after a day of hard work. Some sharp, darting pains. Microscope shows staphylococcus, streptococcus, pus cells, blood and colon bacillus. No tubercular bacilli.

No consumption, cancer, nor venereal diseases in family. No deaths and all in good health but me.

Urinalysis shows neither sugar nor albumin.

Have used injections of hydrastis, pinus canadensis, krameria, glycerin, iodiform, almond oil, oliv oil, silver nitrate, normal salt solution, and boracic acid. The reason I ask help from the readers of THE MEDICAL WORLD is because I have received more practical knowledge from these men, editors included, than from any one of my high-priced journals.

Highland, Kan. J. W. GRAHAM, M.D.

[See answer to Dr. H. Frank Givens, Glen Wilton, Va., in this issue. Also try the following prescription:

Fluidextract catchu compound....	6 dr.
Oil myristica	
Oil cinnamon, āā.....	48 min.
Glycerin	1 oz.
Bismuth subnitrate	1 oz.
Tincture opium camphorated.....	1 oz.
Water, enuf to make.....	8 oz.

Mix, and take tablespoonful three to six times daily.—ED.]

Possibly Colonic Ulceration.

EDITOR MEDICAL WORLD:—Young lady, 20 years of age; teacher by profession. Prior to last Thanksgiving she was a stout, well developt, fine-looking young lady, with the possible exception that she had a little tendency to diarrhea at times with imprudent diet. Thanksgiving she took acute diarrhea and drifted into dysentery, and has so continued until the present time. Evacuations ranging from three to twelve; character of evacuations, pus, blood, mucus, shreds, casts, etc.; and until lately, very little fecal matter. Pain along course of descending colon and sigmoid flexure; gaseous distention; pains in abdomen; nausea and vomiting at times. Sometimes good-sized casts pass.

Appendix seems free from involvment; trouble confined to left side.

Have had two microscopical examinations made for tubercle bacilli; reported negativ each time.

Have been using high rectal enemas of starch water and laudanum, nitrate of silver solution, quinin solution, etc., giving internally bismuth in various forms, arsenite of copper, and some nitrate of silver; also sulfocarbolates.

I give her light liquid diet, such as oatmeal, broth, raw eggs, Valentine's meat juice, etc.

Pulse accelerated; the temperature until lately has been normal, but for a few days has been from one-quarter to one degree above normal late in the evenings. I keep her in the bed all the time. She has a fine tongue and is ravenously hungry. I regarded the case as chronic ulcerativ colitis, and I suspected intussusception, but I could not detect tumor. The casts led me to think it was diphtheritic form of dysentery. H. FRANK GIVENS.

Glen Wilton, Va.

[You have handled the case in approved form, and failed; now it is up to you to change the lines of treatment promptly.

Digitized by Google

Unless you have an undoubted malarial case, quinin will not likely prove beneficial, and we would dispense with it at once unless malaria be present. The starch water and laudanum should be continued, making sure that the fluid reaches a high point by use of a rectal tube and elevation of the hips on pillows for some time after, and during, the injection. The injection should be preceded by an irrigation with water containing two ounces of peroxid of hydrogen to the quart. We would certainly give both opium and silver nitrate in pill form. We prefer subnitrate or subgallate of bismuth, and no less than 20 grains every two hours is of any appreciable use. Arnica, internally, is of unquestioned value in nearly every case. We like to use oil of cinnamon in every case, in capsule, or dropt on sugar. Fluidextracts of ergot and of catechu compound are valuable adjuncts to other treatment. Obstinate cases will sometimes yield to high enemas of oil containing iodoform. We have purposely given a number of widely varying suggestions, from which to select as your judgment dictates.—ED.]

Mentholatum.

EDITOR MEDICAL WORLD:—Will you or some reader give me the formula of Mentholatum?

MISSISSIPPI.

[It is not likely that the manufacturers have a formula for their own use. No two samples would be apt to analyze alike. Mentholatum is generally presumed to be merely vaseline into which a trace of menthol has been incorporated. You can make quite "as good" an ointment by incorporating a little carbolic acid and menthol in vaseline.—ED.]

"Vitalized Phosfates."

EDITOR MEDICAL WORLD:—Can you tell me something of "Vitalized Phosfates"? If you cannot, maybe some of the family can.

Lockington, Ohio. S. S. GABRIEL.

[We cannot say that we know anything about it except that the name is in error; scientifically, physiologically, and ethically. It sounds to us like a quotation from some quack's advertisement of his nostrum. "Vitalize" means "to endow with life"; it has no other meaning and cannot mean anything else to a scientific man. If it is used in any other sense, it is used in error. Now, Doctor, can you, or can any man on earth, endow any phosfate with life? That is enuf. We think, altho we do *not* know anything about "vitalized phosfates," that we have answered your question fully, unless, perhaps, you were asking merely thru curiosity.—ED.]

"Prof. H. Samuels."

EDITOR MEDICAL WORLD:—I hope that you will be able to hold out against the kickers about your religious talks. They ought to get Billy Sunday to preach for them. They need it. I also send you the adv. of Professor Samuels, of Wichita, Kan. He also advertises in Toledo *Blade*. Not long since I wrote to the Fourth National Bank of Wichita, Kan., and they replied that they did a good deal of business with him, but otherwise could not tell me anything about Professor Samuels. Also wrote to the postmaster, with stampt return, self-addrest envelope, but got no answer from the postmaster, but instead the inclosed sheet and Professor Samuels' letter, which I send along. Perhaps you have better facilities to examin the matter, or have it lookt into.

There is one patient here using his treatment for anterior poliomyelitis—that is, for the paralysis of right leg. The Professor sent four vials of clear liquid, about three drams each, to be dropt into eyes, two drops four times a day. He charges $5 per month in advance. I had the patient on electric battery and chromium tablets. He was advised to keep up the battery, but stop the tablets. The patient had been improving slowly ever since last summer in all respects, but it was rather slow for him. Of course, if he should entirely gain the use of his leg, he will ascribe it to Professor Samuels.

The liquid is perfectly clear, no scent to it, and tastes salty and perhaps is a little astringent. I don't think that it could act except thru mental impression, and I believe that the Professor sends the same stuff to all of his patients.

New Ulm, Texas. B. J. FEHRENKAMP.

[The only procedure in cases of this kind is to forward the circulars and letter, with statement of the facts tersely told, to the Fourth Assistant Postmaster-General, Washingon, D. C. Sometimes they take hold of these things with surprising quickness and efficiency, and at other times it is difficult to get them to pay any attention to them. It seems as if they waited till a sufficient number of victims had been defrauded thruout a widely-scattered area before setting the wheels of justice in motion. The department is overburdened, of course, in attempting to exclude the many varieties of frauds in the medical line from the mails, but this would seem to be a case of imperativ call for action. If a man will take money from a poliomyelitis sufferer on promise of "curing" him thru dropping any kind of medicin into his eyes, it is high time that the post-office department should be at least acquainted with the facts. There is no question at all of the matter of fraudulently using the United States mails, but whether or not the department will take it up and exclude him by issuance

Digitized by Google

of a "fraud order" is only to be known by trial. They will at least give you a courteous reply acknowledging your complaint. —Ed.]

Aching Feet in Cloudy Weather.

Editor Medical World:—Am only a beginner in the medical profession, and the experience articles in The World teach me many practical things which my text-books failed to mention. Will you kindly publish a good rational treatment for tired, aching feet (not corns nor bunions)? Have been consulted by several intelligent laymen and askt for the scientific connection between heavy, cloudy weather and aching feet. They claim a positiv increase of pain during this kind of weather. Can you "throw some light ahead"? E. Chas. Thornhill.

New Orleans, La.

[The condition is common and is generally ascribed to the rheumatic diathesis, even tho the patient has never been disabled by rheumatism nor has experienced a severe attack. The best treatment is a good, old-fashioned, hot mustard foot bath, and, as we have never seen the proper technic of this simple remedy publisht in any text-book, we will describe how you should go about that; or rather, how you should direct the patient to go about it. The vessel should be deep enuf to permit the water to come well up about the calf; the water is placed in the vessel as hot as it can be borne, and a tablespoonful of good, dry mustard added; the patient is envelopt, vessel and body, in a blanket; every five minutes add more hot water, so that the temperature of the water will be steadily increast; let the bath last twenty minutes. The customary way of taking a hot foot bath is to place the feet only in hot water for five or ten minutes. At the expiration of this period the water is cooler than at the start, and little or no benefit is derived. Also promote elimination by alkalin diuretics, and by cathartics, if the latter be indicated. If the condition does not improve, it calls for aspirin or sodium salicylate.—Ed.]

Grinds His Teeth During Sleep.

Editor Medical World:—What should be done with a case like the following? Man 42 years of age, married, in good health, total abstainer, smokes cigars moderately; occupation lawyer. Almost every night while asleep he grinds his teeth, which are considerably worn as a consequence, and feel quite sore during the day.

St. Louis, Mo. J. T. Soraghan, M.D.

[It denotes nervous irritation from some cause. Eliminate constipation and have him urinate just before retiring. If his digestion is disturbed in the least, correct it by appropriate medication. Let him eat only a light supper. Put him on the following pill:

Extract valerian
Extract hyoscyamus, āā.....½ grain
Camphor ..... 1 grain

One pill every three hours thru the day.

If he uses coffee or tea it might be well to omit it from the evening meal, or even to eliminate it from the dietary altogether for a time. The stool might be inspected for evidence of segments of tape worm. He should free his mind from the worries of the day, for an hour or so before retiring, by light reading, or some form of social amusement. It might help him much to take a warm sponge bath and vigorous rubbing of the body with the hands just before retiring. We think these suggestions will put you on the right track to investigate his trouble; even tho all of them may be wide of the mark, it is most likely some little simple thing which will astonish you with its very simplicity when you discover it. We would even investigate the condition of his mouth and teeth. There may be some irritation of the alveolar processes, or "tartar" on the teeth, responsible. It might be that a simple antiseptic mouth wash before retiring would solve the difficulty; stranger things have happened. Keep after it till you discover the actual cause, Doctor; it will do you as much good as it will the patient, when you have mastered the secret. This symptom in children suggests the presence of worms; and a few doses of calomel and santonin followed by oil usually removes the difficulty. But the persistent presence of this symptom in adults usually points to some other sources of irritation.—Ed.]

Pain in Wrist.

Editor Medical World:—I am bothered with arthritis of the wrist; that is, my wrist gets very sore and tender on touch and the slightest movement at intervals, say, every three or four or five months; and it bothers me for one or two weeks before it gets better. Then I am all right for three or four months, and then the same old trouble again. I am young (only 32 years old) and enjoy fine health, altho I have had a kidney trouble twice—nine years and three years ago, but am o. k. now. I have used liniments on my wrist, and taken sod. sal. internally, but it did no good so far as I could tell. Please advise me what to do, as it is very annoying.

Dierks, Ark. E. A. Baggett.

[If you have no other manifestation of the rheumatic diathesis, and the trouble recurs so seldom, we do not think we would derange digestion by the ingestion of sali-

cylates. You might rub the wrist with iodin in oil, or with salicylic acid in oil. Wyeth prepares such compounds under the name of "petrogen" preparations. Write John Wyeth & Bro., Philadelphia, Pa., for circulars. The preparations are perefectly ethical. You might get quite as good results, if you do not mind the discoloration, by long continued course of painting with ordinary tincture iodin.

You should wear, at all times, a good protection for the affected wrist, in the form of a knitted woolen wristlet under the cuff. Drink all the water you can. Do not eat too much meat. Keep all emunctories acting so there will be no danger of auto-intoxication, and we think the wrist will never prove a serious annoyance.—ED.]

Stovaine-Strychnin.—Tumor.

EDITOR MEDICAL WORLD:—Can you give me any information concerning stovaine-strychnin? If you can I shall appreciate it very much. It is not in Whitla's Materia Medica (English).

I amputated a tumor (cystic) from the uterus about two inches from the mouth. I cut very close to the womb. I had to feel for it after pulling the tumor thru the vagina as much as possible. I placed the index finger of the left hand around the neck of tumor, and with a blunt-pointed bistoury severed the growth. I am positivly of the opinion that it is cystic. I could not see where I cut, but after removal it looks very close to the uterus. Do you think there is any likelihood of its growing again? I did this alone and without the use of anesthetics. I have the tumor in alcohol. WM. S. DACOSTA.

Hope Town, Abaco, Bahama Islands.

[Stovaine has been attracting considerable attention thruout this country because of the indorsement of Professor Jonnesco. The lay press got hold of it, and thru the ignorance of the reporters, heralded the drug as a new discovery. Hence the "excitement" is principally on the part of the laity, tho many practicians who had fallen "behind the times" and hence had never heard of either spinal anesthesia or stovaine, have been prodded by the queries of their patients into activity. Of course, neither stovaine nor spinal anesthesia are new subjects to the practician who keeps himself up-to-date. Stovaine is otherwise known as dimethylaminobenzoylpentanol, and ethyldimethylaminopentanolbenzoyl hydrochlodid. It occurs in small lustrous scales, easily soluble in water, alcohol, and acetic ether. It melts at 175° C. Strychnin-stovaine is merely a combination of the two drugs.

We could not hazard a guess of value concerning the tumor. Why not send it to an expert microscopist for examination? From his report you will be able to formulate a prognosis of your own as to its return, which would be of more value than any estimate from any one who does not know its pathological characteristics.—ED.]

Are Electrical Power Houses Healthy?

EDITOR MEDICAL WORLD:—I have a patient, a man who is at work in a large power house of a great electrical plant. He has been at the business for three years. Before he went to his present employment he was a robust and strong, healthy man, 35 years of age. He now is losing flesh, is getting anemic, is having a markt degree of lassitude, appetite poor, with periodic spells of nausea when he will throw up a thin watery fluid, after which he feels better, and it will not occur again for some hours, or maybe days, when the same nausea and vomiting will occur. The other two workmen in the same room are both troubled in the same way. The room in which they work is large, high, and airy. They require no heating arrangement. The temperature is kept constantly at 75 degrees or 80 degrees by the machinery in the room.

A stranger entering the room notices at once a peculiar state of the atmosphere which is hard to describe. It somehow seems lighter, or more clarified than the air outside. The question is, does the electrical condition of this room affect the workmen injuriously when remaining in it for eight or ten hours in every twenty-four? Would like to know what the experience and opinions of other doctors are.

Newport, N. H. D. M. CURRIER, M.D.

[The "condition of the air" is doubtless due to the formation of ozone by the overcharged atmosphere. The possibility of men being injured by working in such conditions has been taken up at various times, but the Editors have no experience in the matter and cannot say. A year or so ago we printed a communication from a subscriber regarding "trolley blindness," presumed to be caused by working on a trolley car, due to the flashes of light occurring at night when the trolley jumped the cable, but it did not attract any general interest among the profession at the time. Possibly your communication may be more fortunate. —ED.]

Ointment to Allay Itching in Eczema.

EDITOR MEDICAL WORLD:—Please send me ℞ to allay itching in a dry, scaly eczema. Patch on leg of man 50 years old 2 x 4 inches; on ankle. W. R. KENNEDY, M.D.

Mervin, Miss.

[Try covering the lesion with oxid of zinc ointment; over this lay white paper, oiled silk, or chamois skin, and cover with a bandage. Renew dressing once in 24 to 48 hours, and we think you and the patient will be satisfied.—ED.]

Digitized by Google

Cerebral Hemorrhage, Autointoxication, Menopause.

EDITOR MEDICAL WORLD:—Will you kindly, thru the columns of your journal, help me in a case that I have treated for three months with some success? Female, age 47, married, no children, well nourisht. Eighteen months ago, while cooking the noon meal, fell to the floor and had a spell epileptic in character, and was unconscious for twenty-four hours. A physician was called and diagnosed the case as cerebral hemorrhage and prescribed quiet. She recovered from this acute attack, but would have from two to six "fits" at a regular period each month, until one month before she came to me she had only one light spell. Upon examination I found a catarrhal condition of the cervix, which responded to galvanic electricity and medicinal tampons. Her tongue is coated and her breath has an offensiv odor. For this I prescribed 1-10 gr. calomel every hour for six doses, followed with a laxativ. This I prescribed once per week. Besides, have given her a tonic. She says she feels faint when she stoops over. She had a slight paroxysm last month, but did not fall over, had time to get herself seated in a chair and did not become unconscious.

Do you think the autointoxication of the digestiv tract has anything to do with these spells? or menopause? DR. E. A. MONTAGUE.

Tacoma, Wash.

[It is quite likely your patient suffered from cerebral hemorrhage or thrombosis, at the time of her first attack. We think she should have had potassium iodid during convalescence, to encourage complete absorption of the clot or thrombus. Electricity, too, would do good in other ways beside the improvement in the uterin condition.

We deem it quite likely that autointoxication, now, is an important factor, and the fact that she is so much improved in frequency of attack is a favorable prognostic factor. The menopause, too, has an unquestioned influence, and may be in itself the cause of the indigestion from which she suffers. Put her on elixir lactated pepsin, 80 grains to the ounce, two drams in water before meals. Give her a Drysdale's aperient pill or tablet every night, and two if required to produce a free daily motion. The lack of nerve tone, or irritability of the nervous system, may be well met by 1-40 grain strychnin every four hours; or, if sedation seem indicated, by the following tablet or pill every three hours:

Extract valerian
Extract hyoscyamus, āā.....½ grain
Camphor ..... 1 grain

Do not make the mistake of further deranging digestion by ordering bromid in any form. Solution peptonated iron and manganese, with the addition of arsenic in the form of Fowler's solution, would probably be the best tonic you could give her. Impress upon her the importance of a quiet and equable life, without enuf work to cause exhaustion, and that she must keep all emunctories continually working properly, if she would have reasonable comfort thru her menopause.—ED.]

Probably Chronic Cystitis.

EDITOR MEDICAL WORLD:—I have a case with the following history, which I will report, hoping that the Editor and the many good brethren will give me some much needed help: Male, age 56 years, farmer, general health good, a hard worker, married, father of five children; temperate; does not use alcoholic liquors, but uses tobacco moderately; has never had gonorrhea nor syphilis. About six years ago he began passing urin more frequently than usual, and has gradually grown worse, till now he cannot hold urin more than one hour when up, but can retain urin three or four hours when in bed. Urin passes in a small and twisted stream with little force. He complains of a scalding sensation in posterior urethra, which is very tender. His sexual power is on the decline, but not more than is common for one of his age. His right testicle is atrophied, and prostate somewhat enlarged, but I do not think enuf to cause all the trouble, tho he complains of an aching or heavy sensation in the prostatic region. This man has been medicated with all the saw palmetto combinations, thuja, hydrangea, lithia—in fact, I have given everything known to me without any permanent relief. I hope the good Editor and brethren will give me advice in this case, either medical or surgical.

Mayfield, Ky. J. L. TAYLOR, M.D.

[Your patient probably has a chronic cystitis. Put him on 5-grain hexamethylenetetramine tablets, crusht, every four hours. Test the urin to find its reaction, and if either very acid or if alkalin, correct or neutralize by appropriate medication. Have him drink all the water he can with comfort. You might derive much benefit by irrigating his bladder thru a catheter and funnel, with boracic acid solution or potassium permanganate solution. Even the use of a cold steril sound once every three or four days, for a time, might benefit him. The use of demulcent drinks, like the old-fashioned infusion of slippery elm, or of flaxseed, will aid your other medication; a quart a day is the right amount. Cut out pepper and limit his salt. If he is a great meat eater, limit this, too. See that his bowels act normally, and have him avoid "catching cold." It is not likely that he will ever be really comfortable in the region of the bladder, but we are convinced that the line of treatment suggested above will afford him considerable relief.—ED.]

Digitized by Google

Hydrotherapy.

EDITOR MEDICAL WORLD:—If you can recommend some good books on hydrotherapy, baths, and kindred subjects, I will greatly appreciate it.

Hubbard, Texas. W. E. KIDD, M.D.

[Hydrotherapy; a brief summary of the practical value of water in disease, by William H. Dieffenbach, Professor of Hydrotherapy, New York Homoeopathic Hospital, New York, publisht by The Rebman Company, 1123 Broadway, New York, N. Y., at $3., will give you many general hints as to the value of water in therapeutics and of the various methods of applying it to derive the most markt beneficial results.—ED.]

Incipient Diabetes Mellitus.

EDITOR MEDICAL WORLD:—Patient male, white, American, age 45. Complains of pruritus over whole body for past month or two. Examined urin for sugar with Fehling's solution. Shows quite a quantity of sugar. No quantitativ analysis has been made. Patient has always been of a nervous disposition, but seems more nervous in the last year or two. Feels perfectly well in every way except the pruritus. No increase of thirst or appetite. No loss of weight. Pulse 72, temp. 98. Father and grandfather, possibly both, died of diabetes mellitus. Up to present time patient has not received any treatment at all except to restrict the diet. Does not pass more than normal quantity of urin in twenty-four hours.

Now, the question is, what is the real significance of this sugar in the urin when there are no other symptoms except the pruritus and some nervousness? If the pruritus and nervousness were not present, would it change the prognosis?

Can anything more be done than to regulate the diet?

Should an applicant for life insurance be rejected because of a small quantity of sugar in the urin when there are no other symptoms present? Would like to have the opinion of the Editor, also of the family, in regard to this class of cases. Would like to have these cases discust in their relation to true diabetes mellitus.

Mansfield, Ohio. E. A. WHEATON.

[The case is most likely one of incipient diabetes mellitus, and the probabilities are that if it is left untreated, the full and complete symptomatology of the advanced disease will not be long in coming into evidence. The classical symptoms of this disease do not always develop in the order they are listed in the text-books, and the real significance of the sugar "when there are no other symptoms except pruritus and some nervousness" is that you will soon have to deal with a case of diabetes mellitus in an advanced stage, and at a time when there will not be much encouragement that you can offer the patient. It would seem that if this man is intelligently taken in hand now, that he might live many years. We have not the space in this column to take up the discussion of the complete treatment of diabetes mellitus in detail, but suggest your purchasing some book treating of this trouble. Modern Clinical Medicin, in the volume devoted to Diseases of Metabolism, has over thirty pages on diabetes mellitus; it is publisht by D. Appleton & Co., New York, N. Y., at $5. Other works on medicin handle the subject in detail.

If the pruritus and nervousness were not present, it would not change the prognosis, for some other symptom would soon develop which would attract attention to the causativ condition.

Medical directors universally consider sugar in the urin a valid cause for rejection, whether or not other symptoms be present. Some permit another examination, if the patient be living and in seeming good heatlth after a certain period of time. In the vast majority of cases which reveal any considerable proportion of sugar in the urin over any material period of time, diabetes mellitus is found to progress to a fatal termination if no remedial measures are taken early enuf in the course of the disease. Much can be done to prolong life in the presence of diabetes mellitus if the case is seen early; little, indeed, in the late stages. —ED.]

Polyuria.

EDITOR WORLD:—I have suffered with pharyngo-laryngitis for thirty years, which I ascribe to the villainous climate of Illinois. For sixteen years I have been compelled to seek a warmer and drier atmosphere for a portion of the winters. Finally neurasthenia—a general term—developt, with vertigo, weakened heart action, and finally polyuria. I void ninety to one hundred ounces of urin daily. Lost weight from 185 pounds to 130 pounds, with a consequent loss of strength. Have studied Von Noorden for some time without obtaining the desired information. Prostate is slightly enlarged, but I am assured by a competent specialist that it is not of moment. Urin is normal in everything but quantity. Have been unable to locate any specific cause for the polyuria, except the derangement of the central nervous system. Authors are divided in opinions on polyuria. The mild climate here has been of some benefit. Do not pretend to do a large practise, but by the coming April I will have rounded out fifty years in practise of medicin. Any suggestions will be gratefully received.

DR. E. LAURENCE HERRIOTT.

San Antonio, Texas.

[If you had told us what had been tried and proven of no avail, it would be a help to us in making suggestions. Many cases of polyuria cannot be traced out to a definit origin, tho, of course, the nervous unbalance and lack of tone is in itself quite

Digitized by Google

sufficient to account for the symptom. Since you have investigated this as thoroly as possible, you are warranted in trying empirical medication. We suggest ergot, selecting a pure preparation, taking large doses, and watching closely for ergotism or intermitting treatment at times. Half a dram to a dram is none too large a dose to produce desired effect, and it is better to use such doses than to depend on smaller doses over a longer period. Adrenal extract has given good results, tho one of the newer remedies. Any manufacturing house will furnish literature on it on request. Arsenic, of course, besides its tonic effect when combined with other medication, is one of the most valuable drugs used in the treatment of polyuria; it, too, must be given in maximum dosage to enjoy its best effects. Valerian, besides restraining undue nervous excitability, has a direct influence on restraining overproduction of the watery elements of the urin, and we would incorporate its fluid-extract in our medication. Krameria, alum, and pilocarpin have all been used successfully in checking the excessiv excretion. If you are so situated as to be able to employ galvanism, try the constant current over the upper part of the spinal cord, or one pole to the loin and the other pole to the hypochondrium on the same side for a few minutes; then on the opposit side for a like period. Or the anode may be applied to the nape of the neck and the cathode first to the loins, alternately, and then to the epigastrium.—ED.]

Medicins Not as Labeled.—Mail Post in Roadway.

EDITOR MEDICAL WORLD:—Inclosed please find $3.50 for my regular four-years' subscription to WORLD, and the *Physicians' Drug News* for one year. I wish to ask what redress a doctor has who has sent him from a regular drug house medicins which are positivly not as labeled, and yet label has the guarantee clause of 1906, guarantee No. 98. And how far from the fence has a farmer in Wisconsin the right to set a mail post (R. F. D.); and if twenty feet or more, and an innocent person runs into it at night and receives damages to his buggy and self, what redress has a person in this case? W. B. THEWALT, M.D.
Poy Sippi, Wis.

[You can secure a copy of the Pure Food and Drugs bill by addressing the Bureau of Agriculture, Washington, D. C., and it is furnisht free. If you will state your case to them in writing, we believe they will give you a written opinion of authoritativ value on this point. We can say, from our own knowledge, that if the drugs were impure, or if they were so labeled as to deceive the buyer into believing that he was getting a certain article when another in imitation of it were furnisht, then you have recourse thru the penalties imposed by this act. We are not so sure that you could proceed if the labeling was manifestly an error. However, take no action until after you have read the law, and gotten the department's opinion on the matter.

In the second case, we think your local postmaster will be able to let you see the United States Postal Regulations, which we think would be likely to cover the case. If there is no reference to such matter there, it would be a matter of Wisconsin law, with which we are not familiar, and concerning which you should consult a good local attorney. As a matter of fact, no man can place an actual obstruction to travel in the public highway of any state, and be immune to legal process. Make sure, however, that the post of the mail box actually was within the limits of the highway proper; for in country districts the highway is often quite different from the ground over which travel generally passes. Remember, too, in law the innocent often suffer; and he who wins frequently loses also.—ED.]

Male Discharge at Orgasm.

EDITOR MEDICAL WORLD:—In the article on vasectomy in your February number, will you make it more clear how there can be a "discharge at orgasm" if there is no collection? and if no collection, how sexual desire? The statement seems not according to physiology.
N. Y. STATE.

[The bulk of the discharge at orgasm, Doctor, is not testicular, but prostatic. In your phrase, "if there is no collection," you reveal that you believe that the bulk of the discharge is testicular. The statement is in entire accord with physiological facts. Your error is common. We find a surprising number of physicians who hold the same view. In fact, the majority of physicians are innocent of any practical knowledge of physiology. Their student days were so overcrowded with "more important" studies that they gleaned but a smattering of physiology, and much of what they learned "is not true," because most of their "knowledge" is superstition or traditional belief which they have unconsciously absorbed; and having heard it repeated so often, have come to believe it as truth. Our comments, Doctor, will be understood, not as criticizing you personally, but as arraigning the methods of teaching so common in our medical schools.—ED.]

Digitized by Google

"Burow's Solution" (?).

EDITOR MEDICAL WORLD:—Will you kindly tell me what Burow's solution is? I see it recommended in a number of articles, but do not know it. J. C. FLYNN, M.D.

Warren, Mich.

[If you had given us a hint as to what it was "recommended for," it might help us to locate it. If we knew in what department of medicin it is used, even, we might discover it. We have failed to find it mentioned in any of the dictionaries or dispensatories. Can any of the family tell us what "Burow's Solution" is?—ED.]

Deafness and Roaring in Head.

EDITOR MEDICAL WORLD:—Mr. H. resides in Buffalo, N. Y., is 30 years old, weight 158, appearance about normal, except some pallor which I attribute to his work indoors, as he is a chair-maker by trade. Has been married about six months. Is German and of good family and habits.

His health seems very good, except that he is quite deaf in both ears. One can make him understand readily if near him, and there is no noise. He has also a roaring in his head, and he says sometimes it is like a shrill whistle. He says that this last symptom is better since taking my treatment.

A number of specialists have treated him, but as far as he can see, they have not benefited him in the least. He paid one man about $80 but received no help.

I do not want to keep on with this treatment unless I can benefit him, altho he is very anxious I should treat him. I think his trouble is from dry catarrh, as he rarely has any discharge from nose or throat.

If you could give me some points in the treatment of this case, and especially something to knock out the head noises (which seem to distress him most), I will esteem it a great favor.

West Valley, N. Y. E. L. FISH.

[The first thing to remember is that tinnitus may develop in those who are nervous, or who are exhausted from over-exertion, mental, physical, or sexual. Investigate this phase of his case.

Ear noises are often easily cured soon after their inception, but the longer they have persisted the more difficult becomes the cure. They are generally presumed, when due to causes arising in the auditory apparatus, to be due to increast intra-labyrinthin pressure. This is quite often a symptom of catarrh of the ear, throat, or eustachian tube. Such cases are to be treated by softening the membrani tympani by instillations of glycerin, warmed, by cleansing of the nasal passages and throat with some mild antiseptic lotion like Dobell's or Seiler's solution, and subsequent use of an atomizer containing a light mineral oil with menthol or other slightly stimulating medicament, and by judicious inflation of the eustachian tube with the Pollitzer bag. Woolen clothing should be worn next the skin, precautions against wet feet or other cause of taking cold guarded against, bowels and kidneys regulated, and a life made to conform to the normal in every way possible.

Had you given us your treatment, we might make suggestions as to its improvement. We learn quite as much from knowing what has failed, as we do from recommendations as to what will likely prove beneficial.—ED.]

Human and Bovine Tuberculosis Germs.

EDITOR MEDICAL WORLD:—Does the celebrated Dr. Koch (or others) find that the bacillus tuberculosis, as found in the human subject, is not identical in every respect with the bovine germ?

Do those who favor the transmissibility of the bovine bacillus to man find that the two are identical—one and the same?

Have noxious germs been discovered in soils that have not been cultivated, say, in those of our original forests? A. L. STEVENS [M.D.]

Dunham, Quebec, Can.

[In answer to your question, we quote from McFarland's Text-Book upon the Pathogenic Bacteria, just off the press of W. B. Saunders Company, Philadelphia, Pa., containing 671 pages, and selling at $3.50, as follows:

The tuberculous diseases of the lower animals, and especially cattle, have lesions closely resembling those of human tuberculosis, and containing bacilli similar both in morphology and in staining reaction to those found in human tuberculosis. The conclusion that they are identical seems inevitable, but in his monograf upon tuberculosis, Koch called attention to certain morphological and cultural differences that exist between bacilli obtained from human and from animal tuberculosis. Unfortunately, very little attention was paid to the subject until recently.

It has not yet been determined that any other difference exists between the two bacilli than can be accounted for upon biologic grounds, each organism being modified to accommodate itself to its environment.

Tho occasional desultory experiments were made from time to time, the subject seems to have met its first thoro study at the hands of Theobald Smith (Transactions Association American Physicians, 1896, XI, page 75; and 1898, XIII, page 417), who carefully compared a series of bacilli obtained from human sputum with another series obtained from cattle, horses, hogs, cats, dogs, and other animals.

Koch, at the International Congress on Tuberculosis held in London, in 1901, exprest the opinion that bovine tuberculosis was not communicable to man. Koch's opinion, being opposed to all that had been believed before, received almost universal

Digitized by Google

disapproval. The papers of Arloing, Lyon Med. Jour., Dec. 1, 1901; Ravenel, University of Pennsylvania Bulletin, XIV, page 228, 1901; Lancet, Aug. 17th and 19th, 1901; Medicin, July and Aug., 1902; and Salmon, Bulletin No. 33, Bureau of Animal Industry, U. S. Dept. of Agriculture, 1901, contain evidence showing that under certain conditions bovine tuberculosis can be communicated to man.

Ravenel has reported three cases of accidental cutaneous inoculation of bovine tuberculosis in man. All were veterinary surgeons who became infected during the performance of necropsies upon tuberculous cattle. The tubercle bacilli were demonstrated in some of the excised cutaneous nodules.

Theobald Smith, in studying three cases of supposed food infection, found what corresponded biologically with the human rather than with the bovine tuberculosis.

We are under the impression that virulent bacteria affecting man are only found where man has establisht his abode, or at least has passed thru on voyages of discovery.—ED.]

Amenorrhea and Sterility.

EDITOR MEDICAL WORLD:—I have a case in which I would like to have some information from you or some of the doctors. I have read up on all that I could get or hear of on sterility, but all in vain. In the December number was a reference to THE MEDICAL WORLD of January, 1907. I sent for and received it, but it did not give me the desired information. The case is Mrs. M., age 26 years, 5 feet 6 inches, weighs 160 pounds, good health, never complains of being sick, hearty, robust, and rugged; does all her own housework. Is of German parents, both healthy; three brothers, one sister 10 years old. Patient has been married about six years. She has never experienced a menstrual period in any form; has no symptoms of any menstruation; no aches nor pain in uterus. Uterus normal in every way. The husband is very anxious for an heir. They are well-to-do people. This is the first case of the kind that I have ever come across, or have ever heard of. What is the cause, or where is the trouble? and what, if anything, can be done? Has any doctor ever had a similar case? I cannot find a similar one in any of the books on diseases of women, nor in any of the medical journals. I think it is unnatural for a healthy, plethoric woman not to have her menstrual periods, and do not understand why it is so in this case. DR. A. MERCER.

Beaver Falls, Pa.

[We are free to say that we have never known of a case of total absence of menstruation over a period of ten or twelve years in a woman of this age who was seemingly healthy. You state that the "uterus normal in every way." Is this statement made after a careful examination, or simply because she has no symptoms referable to the uterus? An infantil uterus will sometimes fail to produce a menstrual flow. Fleshy women sometimes fail to menstruate normally. If you have not thoroly and completely examined her, do so; it may be desirable to anesthetize her to get good palpation of the organs. We can offer no further suggestions, in absence of any physical malformation. What have the family to say on this very interesting case? —ED.]

Pruritus Hiemalis (Winter Itch).

EDITOR MEDICAL WORLD:—We have in this neighborhood and surrounding county a very annoying species of itch. It is worse in winter, and is worse at night and when sitting before the fire. No eruption, or very little, until after patient scratches; red lumps then come out that itch very much, and if patient scratches them very much, make sores. It does not occur on feet, and seldom on hands; worse on arms and legs, and lumbar region. Treatment is very unsatisfactory.

Now, the question is, what is it, and what is the treatment? Sulfur ointment makes it worse; mercurial ointment does no good; carbolic acid and resorcin ointments and such like relieve itching to some extent, but do not cure; balsam Peru gives some relief; beta-naphtol ointment allays itching for awhile.

It's only during the last few years that we have known of it in this community. It seems to be contagious, affecting whole families. If you or the WORLD family can suggest a treatment for it that will be effectiv in curing it, I shall be very thankful. Some of my best-paying patrons are clamoring for relief. NORTH CAROLINA.

[We cannot be certain from your description whether you have to deal with "winter itch" (pruritus hiemalis), or whether you have "Hungarian itch" to contend with. The winter itch you will find described in any text-book on skin diseases, but we have never seen any description of the "Hungarian itch." The latter term is probably a local one, and we think was first used by the laity to describe the affection from which they suffered, and which they declared had been contracted from "Hungarian" coal miners. The laity, in coal mining regions, do not discriminate between foreigners, and call them all, whatever their nationality, "Hungarians," or "Hunkies." We are not ourselves positiv that they are not the same affection, tho we have had an extended experience with both. The classical description of the pruritus hiemalis declares that it "appears with the approach of cold weather, and vanishes on approach of the spring warmth. That it is only felt during the night, for an hour or so after

Digitized by Google

disrobing, etc." We have had a number of cases of this kind, and assigned the name used by the text-books to them. We have had many which "itcht" thru the day, but which became intolerable on disrobing, subsiding somewhat after an hour or so in bed, but persisting thru the night to a degree which interfered with sleep. Neither form presents any particular macroscopical appearance or symptoms upon the skin except those due to scratching.

Properly prepared ointments will cure most cases, but a few will be found in which only lotions can be used, as ointments aggravate them. This is not the difference between pharmaceutical preparations, but between individuals, in their peculiar susceptibilities.

You have been on the right track. Beta-naphtol, resorcin, and carbolic acid will cure all of them, but you will have to use amounts greatly in excess of the standard formulas of the text-books. The fact that you have been able to obtain relief for your patients indicates to us that if you will properly discriminate between the cases which act kindly to ointments and *vice versa,* that you will cure them by using sufficient strength. In the use of lotions, it is absolutely necessary that you incorporate glycerin, to give sufficient viscosity, otherwise as soon as the aqueous or alcoholic menstrum is dried or evaporated, the drug will be brusht from the skin before it has time to do good. We will illustrate by a couple of prescriptions which we have never had fail us, so soon as we have determined whether the ointment or the lotion is the proper form of medication to use:

Lotion.

Carbolic acid .....3 1½ to 3
Glycerin .....3 4 to ℥ 1
Resorcinol .....3 4 to ℥ 1
Tincture cudbear, enuf to color nicely.
Water enuf to make ℥ 8.

Begin with the lower strengths, and increase till you have a positiv effect.

Ointment.

Vaseline .....3 parts
Beta-naphtol .....1 part

This we have been forced, in a number of cases, to strengthen to equal parts, before a cure was obtained.—ED.]

Accident and Health Insurance.

EDITOR MEDICAL WORLD:—I read with a good deal of interest your remarks on "A Remunerativ Specialty for the General Practician," in the March number, page 92; but I am at a loss to know just what you mean, as the insurance companies who do health and accident business do not require any medical examination at all, as you will see by inclosed literature, except *after* an accident. CHAS. W. STILES.
Somerville, Mass.

[Accident insurance does not require a medical examination at the time of applying for the policy, but when an accident has occurred and a big indemnity is to be paid, expert medical advice is always sought, and well paid for. It "pays" to be qualified and equipt to do such work, and to let the companies know it.

Health insurance always requires an examination. In many cases quite as rigid as for a life insurance examination.—ED.]

Goiter Neck Band.

EDITOR MEDICAL WORLD:—Will you please let me know something about the Physicians' Remedy Company, of Cincinnati, Ohio? A patient of mine wants to try their goiter neck band, and wanted to know my opinion of it, which I, of course, exprest rather forcibly. Perhaps I was too strong in my condemnation of the band, so thought I would write to you. J. C. CORT.
Clairton, Pa.

[We hardly imagin you were any too forcible in your condemnation. Such a "band" *might* be used to apply ointment potassium iodid, but hardly likely. Any band, in goiter, would be bad.

We know nothing of the device or the company. Can any reader give us information for publication?—ED.]

"Teleconi."—Diabetes.

Say, Doctor, can you find out what this teleconi system is?

I ask you to write an article on trypsogen for diabetes mellitus. Is this disease curable? Osler says, no. B. M. BERGER.
Monessen, Pa.

[We know nothing of "Teleconi" except the glaring advertisements in the Pittsburg papers. You will note that "neither medicin nor surgery was applied" in the "report of the case" (?) sent us which you clipt from a daily paper. This makes it certain that the "treatment" is either plain massage, or some form of application of either electricity or water. The publisht claims are preposterous enuf to cause us to wonder that you are annoyed by them. If you were to visit some of the "cures" and establish the fact that the condition had been as bad as stated in the advertisement, you would also find that the "cure" had not been so complete as claimed.

We cannot discuss the proprietary preparations nor their advertised claims in this column. While diabetes mellitus is generally considered incurable, many cases live

Digitized by Google

many years under appropriate medication and judicious diet and hygiene. Study any late work on medicin of sufficient extent to go deeply into this subject.—ED.]

Stovaine.

EDITOR MEDICAL WORLD:—Will you be kind enuf to give composition of stovaine, mode of using, or where I can procure literature on the subject? O. J. COMTOIS.

Holyoke, Mass.

[Stovaine is also known as dimethyl-aminobenzolpentanol, and ethyldimethyl-aminopentanolbenzoyl hydrochlorid. It occurs in small lustrous scales, easily soluble in water, alcohol, and acetic ether; less readily so in acetone. It melts at 175° C. It is a local and general (if used within the spinal membranes) anesthetic. See the late text-books. It is just a new, ordinary drug, and not really "so new," either. You can get it from any druggist. He is not likely to have it in stock, but he can order it from any wholesale drug house. Write to the Parmele Pharmacal Company, selling agents, 54 South Street, New York City, for literature.—ED.]

That Backache Mixture.

EDITOR MEDICAL WORLD:—In reference to the much discust backache preparation, consisting of iodin, spirits of ammon., and collodion, last mentioned on page 22 of the January number:

(1.) Will you kindly state the correct way of applying the remedy?

(2.) On page 525, December, 1909, number, Dr. D. A. Lebo says this is a dangerous combination. Will you kindly state your views as to whether this is so or not? JAMES S. HEWSON, M.D.

Newark, N. J.

[Personally, we have never used the remedy in question. It has doubtless now been employed by many WORLD readers. Will some of the family who have given it an extended trial, tell us exactly how they mixt it; applied it; how many cases they have treated with it; and results? Theoretically, it might be classed as a dangerous remedy to carry. Practically, the danger is much exaggerated, as we have never heard of an accident with it. Doctors carry even nitroglycerin with impunity, in the form of granules and tablets.—ED.]

Literary Selections Wanted.

EDITOR MEDICAL WORLD:—As you have frequently askt for suggestions from the profession with a view to improving THE WORLD, and as you have frequently given space to articles on automobiles, lamps, etc., I have often thought that if you would devote a couple of pages each month to after-dinner stories, humorous verse and prose, recitations, etc., it might be appreciated by a not inconsiderable number of your subscribers. I don't know of any class of men that is more frequently called upon to act as chairman of a meeting or to respond to a toast at a wedding or other function than the physician. To start the ball rolling, I would be very glad if you could publish a poem written in broken French by the late Dr. Drummond, of Montreal, descriptiv of a confinement he attended of the wife of one of the "habitants." It was publisht in one of the Canadian medical journals some years ago. Also a recitation entitled, "What Days Them Was." If you should think well of this I might suggest that it might be placed among the advertisements, so that a clipping could be made without interfering with an article on medicin.

CANADIAN M.D.

[The Editors do not have a copy of either of the selections requested, but we are publishing your request, and they may come in.

Doctor, if you were to purchase such books as Cyclopedia of Practical Quotations, J. K. Hoyt, publisht by Funk & Wagnalls, Company, New York, N. Y., or Dictionary of Thoughts, Dr. T. E. Edwards, publisht by F. B. Dickerson & Co., Detroit, Mich., or Materpieces of Humor, Doubleday Page & Co., New York, N. Y., you would have material always at hand from which to prepare for such occasions as you mention. If we were to make a department as you suggest, we fear it would be making THE MEDICAL WORLD too much like a *literary* magazine instead of a medical one, devoted to the needs and interests of doctors. However, we could *occasionally* insert something of the kind you suggest as a flavor. By the kindness of Dr. James S. Sprague, of Perth, Ont., we have received one of Dr. Drummond's poems, "Doctor Ailaire," patiently copied by hand, but it is long, and we cannot spare space for it. Thanks to Dr. Sprague, just the same.—ED.]

Tuberculous Glands in Children.

EDITOR MEDICAL WORLD:—Will you please advise me of the best treatment for tuberculous glands in children? I presume radical operation is generally accepted among the more advanced men as the best, but this is not always agreeable to the patients, and palliativ treatment must be followed out. My treatment of a number of cases has been to avoid hot applications, build up the general health, and as soon as the gland breaks down to open it and evacuate the pus. This to me has been rather unsatisfactory, and if any one could suggest a better treatment, I would appreciate it very much. KANSAS.

[Your query is best answered by a quotation from Kerley's Treatment of Diseases of Children, publisht by W. B. Saunders Company, Philadelphia, Pa., 591 pages, $5: "The only management of tuberculous

Digitized by Google

adenitis which should be entertained is surgical—the removal of the diseased glands. After the operation the child should, if possible, be given the advantages of an outdoor life in the country, inland. These cases appear to improve most rapidly at an elevation of 800 feet or more. The diet should consist of meat, eggs, milk, and of high proteid cereals, such as oatmeal and the dried legumes, given in the form of purees. It is my custom to order cod liver oil and malt to be given in doses of from one teaspoonful to one tablespoonful after meals for one week, followed for one week by the syrup of the hypophosfites, when the oil and malt may be resumed for the same time, thus alternating indefinitly with the hypophosfites. If an examination of the blood shows that the patient is anemic, iron may be used in connection with the other remedies. The citrate of iron and the extractum ferri pomatum are well borne by the stomach and have appeared to be of considerable service in some of my cases. For children from five to ten years of age, one grain of the citrate of iron and quinin in sherry wine, or one grain of citrate of iron and ammonia in water, may be given after meals. The dose of extractum ferri pomatum at this age is one-half grain after each meal."—ED.]

Probably Diphtheria With Convalescent Complications.

EDITOR MEDICAL WORLD:—Boy, aged 13, well developt, never sick, of large family and all living, and best of family history, suffered from a sore throat in December, but was not confined to bed. The rest of the family had sore throat, but no symptoms of anything diphtheritic. The mother used peroxid of hydrogen in the throat, and first called me on the ninth day of his illness. Temperature 102° F., pulse 118, respirations 26; sitting in chair, but looking very ill. Throat had appearance of one convalescing from diphtheria. Two days later he suffered severely from periodical pain in chest muscles, chiefly located in the recti, paroxysms about every ten to fifteen minutes. Temperature and pulse unchanged, but respirations accelerated to 35 to 38. Bowels some days acting profusely, other days normal; urin normal. No vomiting or tympanites; abdomen somewhat retracted. Slept well at night. At this time had counsel, who deemed it a case of infection from diphtheria. The uvula was now drawn to one side, but deglutition was not interfered with; 1-20 grain strychnin every four hours, with codein for relief of pain, caused improvement. After four days the temperature rose rapidly to 104° F., pulse 123, respirations 45, and lower lobe of right lung showed signs of some inflammation. Not much cough, temperature falling by lysis to normal in five days. Temperature now became irregular, sometimes rising to 102 degrees without reference to the time of day, and at other times being normal thru the twenty-four hours. Pain was now slight except on exertion, but could not walk and was sore in all muscles. Another consultant saw him on two occasions and thought it "might develop into meningitis." Now put him on 4 grains quinin every four hours, with sodium salicylate, and syrup iodid of iron. Lameness varied from side to side and some days was on both sides, and wrists and ankles had swollen. February 1st another consultant saw him, but made no diagnosis; thought it probably a mixt infection. He saw him again two weeks later. Salicylate and quinin was stopt and a nux vomica compound substituted. He was massaged well and given fresh air. Temperature for three weeks was subnormal, except in presence of occasional fever of 102 to 103 degrees. Muscular wasting was markt. No cough; appetite was good, spleen enlarged, liver enlarged, some tenderness over lumbar and sacral vertebrae, lameness improving, but reflexes nearly abolisht. Had a two-day attack of tympanites and diarrhea on the 26th inst. I have been suspicious of tubercular infection.

Butler, N. J. DR. W. P. THORNE.

[The case report reads like a typical case of recovery from diphtheria with rheumatic complications. One would not expect intervals of normal afternoon temperature in tuberculosis. We have no criticisms on treatment, and the case seems to be improving under it.—ED.]

How Long Should the Lochia Continue?—Asclepias.

EDITOR MEDICAL WORLD:—How long should the lochial discharge continue after parturition? I have not been able to find any satisfaction in the text-books.

Also, please give me the dose of fluidextract asclepias. Neither have I found the therapeutics nor dose of this drug in my works on materia medica. J. J. LOWE, M.D.

Rentiesville, Okla.

[If the lochial discharge persists longer than ten days to two weeks after the patient is about, in convalescence from labor, it indicates subinvolution of the uterus, and should be met by the following pill, three times a day till the discharge ceases:

Strychnin sulfate	2 grains
Quinin sulfate	80 grains
Ergotin (Bonjean)	40 grains

Mix, and make 40 pills.

Asclepias is an eclectic preparation, and you will find it fully discust in works on therapeutics of this school, only. We presume you refer to Asclepias Cornuti, or common milkweed. The dose of the fluidextract of this is given by King's Dispensatory as "10 drops to 1 fluidram."—ED.]

The Nurse and the Law.

EDITOR MEDICAL WORLD:—I have been thinking I would like you to discuss the duties of a trained nurse. Given an institution of learning, boarding about 500 or 600 students, 400 board and room in the buildings and the remainder board there but room out among the residents of a small town.

Digitized by Google

The nurse is paid by the institution. The institution has no regular physician save as the nurse turns it over to one or two men. Has the nurse any right to prescribe medicin internally, and local washes for sore throats, etc., or grip, etc.? There seems to be a small dispensary in the institution from which she does this. These tablets and washes, no doubt, have been frequently prescribed by physicians who have attended patients in the institution, and the nurse later used them on her own diagnosis; even went so far as to send them to students that roomed out in the town. Later on there developt an epidemic of tonsillitis, and with it some diphtheria.

These are the facts in the case. I did not see how you could cover the subject without I would give you these. Now, Doctor, if you can, as I know you can, and if you will, I wish you would just write an article to cover the subject and give the nurse side the law on this point. She did not need to do this because there were no physicians in the town to help out. This is not a matter for me to get even with the nurse, but to let her read, in an indirect way, what the law is in regard to a nurse treating patients.

College Town.

[The nurse in question was practising medicin within the meaning and limits of the law of most states, which you can read by applying to any justice of the peace. She is subject to the penalties prescribed by that law, and can be prosecuted and convicted in any court of common pleas. The law takes no cognizance of ailments or remedies being "simple," and makes no provision for immunity on the part of nurses. Whenever any person is qualified to decide whether a "sore throat" be simple and benign, or a tonsillitis or a diphtheria, then such person is qualified to practise medicin, but possibly not legalized to do so. We have never seen a nurse so qualified. If there is probability of their making an error, they should not assume such duties or responsibility. These are the things for which this law was intended—merely to protect the people from being treated by incompetent and ignorant persons.

If the text of the law were shown to this nurse, or to the directors of this institution, with the statement that the physicians of the town would no longer tolerate such lawlessness, it would conclusivly settle the matter once for all. Do not take it on yourself to do this unless you are prepared to face the everlasting and undying enmity of the nurse and directorate. But if you can have all, or the majority, or all of the most reputable of your fellow-physicians sign such a protest, or go with you to present it in person, then you can do so safely. There is no legal liability in enforcing the provisions of this law, but they could, and certainly would, make it most unpleasant for you in that town in the future, and the certainty is that you would make no calls in that institution thereafter.

The above is a drastic view of the matter. A reasonable view is probably about this: The management of the institution is concerned in the health and welfare of the students. A skillful nurse can do much in the way of directing how to preserve health and avoid illness. She is evidently instructed to do all she can for the students in the way of health. As regards health, she seems to consider the student body her "family," and she does what is customary in most families when a cold, sore throat, or other usually temporary illness is complained of. We see no harm nor real danger in this, as doubtless the nurse would be as ready to discover real danger and summon a physician as would be the case if the nurse were not on duty; and perhaps danger would, in the majority of cases, be discovered earlier than if she were not present. Her ministrations doubtless save to the students many a needless doctor's bill; and students have need for every dollar that they can command. It seems to us to be a good arrangement by the management of the institution, and in the interest of both the health and financial welfare of the students. And it is no real injury to the doctors of the town, for they are called to cases of real illness.—Ed.]

Herpes Preputialis.

Editor Medical World:—C. F., male, 40 years old, 5 feet 9 inches, 180 pounds, stout, robust, and seemingly healthy; appetite good, bowels regular and sleeps well. Family and past history negativ. The present trouble began ten or eleven years ago, after a round with fast women. In a few days afterwards he applied to his physician for a burning sensation (his description: itching, prickling, or burning) in his penis. Without an examination he received treatment for gonorrhea, without effect; never any urethral discharge; no pain before, during, or after urinating.

Came to me a year ago (with the same symptoms, which have been continuous periodically from the first, with short intervals of probably three to six months), complaining of burning around the penis, glans penis, corona, and urethra. No discharge nor eruption noticeable. A little alkalin diuretic relieved it for six months, and since then it has been getting worse.

He is now complaining of the tingling, slight cutting pain up the urethra at times; no discharge; glans penis very moist, and a very thick eruption of pimples (pin point size) has appeared over the glans penis, in meatus and probably the urethra, as he says it feels the same. No pain during coitus or urinating. Skin of penis has some eruption, same as glans, but no redness. Glans penis at times red as a beet, and pin point eruption *very thick* (millions, he says). Symptoms worse during cold days and better on

Digitized by Google

warm days. No medicin, locally or internally, has any effect on it.

Accompanying this is a prickling sensation on abdomen practically following the course of the transverse colon and three to four inches wide; absolutely no redness of this area.

Now, if you brethren have ever seen or heard of anything similar, or anything that will do him any good, the advice will be greatly appreciated.

B. M. B.; ILL.

[You have an aggravated case of herpes preputialis. It is not likely that he will ever be cured to an extent that will tolerate prolonged debauchery with impunity. Many cases never indulge in coitus with their wives, even in strict moderation, without a transient return of the itching and burning, tho the eruption is seldom in evidence when they use the remedy, and the symptoms disappear quickly after its application. If you will have him use the following medication, externally, we think you will have the satisfaction of noting a rapid improvement. Equal parts of ichthyol and glycerin, applied three or four times daily to skin or mucous membrane where the burning or eruption is noticed. If this prove not to be strong enuf to cure, increase the ichthyol, even to application in its purity. After each coitus, after a cure is obtained symptomatically, it will be well for him to bathe the parts gently in warm water and soap, dry, and apply the ichthyol preparation. This condition is one of the most fruitful fields from which the quack reaps his rich harvest. We have known many cases where the victims of this trouble had paid many hundreds of dollars to quacks on a "diagnosis" of syphilis, and who had married and lived in dread of having their wives bear syphilitic children. We have known such slavery to be endured thru many years; all because the general practician did not know how to diagnose or cure the case. There was some excuse for the ignorance of the quack; there is none for that of the general practician. The man who attempts practising general medicin in these modern times without having had a thoro course in venereal diseases at the hands of a master in the art, is making a great mistake.

It is likely, after you have cured the external evidences of the trouble, that he will cease to complain of the burning within the urethra. If, however, he does not, it will be necessary to apply the same medication to the urethra by means of the cold sound. The abdomen may be treated just as the skin and mucous membrane of the penis. —ED.]

Yellow Fever Heroes.

EDITOR MEDICAL WORLD:—I dislike to trouble a busy man, but I want some information, and know of no better place to get it. I want the full names of Drs. Reed, Carroll, Argamonte, and Lazear, the men who proved the connection of the mosquito with the propagation of yellow fever. Were they medical officers of the army? or navy? How many, and which ones lost their lives by yellow fever? Were they all infected by bite of the stegomyia?

Is Behring, the author of blood-serum therapy, living?

Will you kindly answer these questions or refer me to literature on the subject? I read it in the current medical literature of the time, but don't know now where to lay my hand on it.

Commerce, Mo. F. F. FRAZER, M.D.

[You should secure the report of the Surgeon-General, United States Army, for 1901, which we think can be secured from the Superintendent of Documents, or directly from the medical department of the army, Washington, D. C. We quote from it, in answer to your query, as follows: "In my last annual report I referred to the appointment of a Board for the purpose of pursuing scientific investigation with reference to the acute infectious diseases prevailing on the island of Cuba. This Board, consisting of Major Walter Reed, Surgeon United States Army, and Contract Surgeons James Carroll, Aristides Argamonte, and Jesse W. Lazear, United States Army, arrived at their station, Columbia Barracks, Quemados, Cuba, on June 25, 1900, and at once proceeded under written instructions from this office, publisht in my last annual report, to the special study of questions relating to the causation and prevention of yellow fever."

Dr. Myers, sent out by the Liverpool School of Tropical Medicin, in 1900-1901, following the investigations mentioned above, lost his life by an experimentally produced case of yellow fever.

"Credit for the original ingenious theory of mosquito conveyance of yellow fever is undoubtedly due to Dr. Carlos Finlay, of Havana, who announced his belief that the disease was thus conveyed from person to person, in Havana in 1881. The American Commission was undoubtedly influenced in the direction of its investigations by this theory, as well as by the accomplisht results in the investigations of malarial disease which followed the theorizing and discoveries of Manson, Ross, and the Italians." (Tropical Medicin, Jackson, P. Blakiston's Son & Co., Philadelphia, Pa., 1907.)

You would be interested in the book above mentioned. Also in Mosquito Life,

Digitized by Google

by Evelyn Groesbeeck Mitchell, publisht by G. P. Putnam's Sons, New York, N. Y. And also, we presume, in Mosquito Brigades, and How to Organize Them. Any book dealer can get any of these books for you.

We regret to say that we do not know positivly if Behring is still living. We incline to think that he is; but if dead, his death was only in the past few years.—Ed.]

Editor Medical World:—Please give me your opinion of the latest, best, and most practical book on gonorrhea and syphilis, and oblige,

Chappell Hill, Texas. J. D. McGregor, M.D.

[It is difficult to say which of the good works on venereal diseases will be found "best." You will be pleased with any of the following: Casper's Genito-Urinary Diseases, Bonney, 213 illustrations, 23 full-page plates, 607 pages, publisht by P. Blakiston's Son & Co., Philadelphia, Pa., at $6. Genito-Urinary and Venereal Diseases, Taylor, 163 illustrations and 39 plates, 732 pages, publisht by Lea Brothers & Co., New York and Philadelphia, at $5. You should also, by all means, have the following, which treats of other diseases besides those of the venereal class: Diseases of the Genito-Urinary Organs and Kidneys, Greene-Brooks, 323 illustrations, 587 pages, publisht by W. B. Saunders Company, Philadelphia, Pa., at $5.—Ed.].

Editor Medical World:—Please give again that special ℞ for electrical burns.

New Orleans, La. Wm. T. Hamilton, M.D.

[There is no special treatment for electrical burns. They should be treated just like burns from other causes. Destroyed tissue must separate, with healing from the bottom. See Yearly Index for last year and previous years, in the middle of each December issue, for matter under the head of Burns.—Ed.]

Editor Medical World:—Will you be kind enuf to inform me of the composition of "Dr. Peterson's Asthma Cure"? It is made in Mt. Gilead, Ohio, and sold direct to the consumer.

Tacoma, Wash. E. A. Montague.

[We do not know anything about the nostrum in question. If any brother is in possession of information, will he kindly send it in for publication? Such nostrums advertised to asthmatic sufferers generally contain iodid of potassium or heavy doses of bromid of potassium, with coloring matter and laxativ medication.—Ed.].

Editor Medical World:—Will you please give me the formula of "Gowan's Preparation for Pneumonia," put up by Gowan's Medical Co., Durham, N. C. (with laboratories in Chicago)? It is used in this part for croup, tonsillitis, bronchitis, etc., and I would like very much to know its formula.

A. C. C.; Fla.

[We do not know, but any "preparation for pneumonia" is too obviously ridiculous for any attention being paid it by scientific men. However, if any of the family can send us formula, we will gladly publish it for any use you can make of it. Croup and tonsillitis are so diametrically opposed to each other in etiology, symptomatology, and therapeutics that it is criminal to allege that the same combination is efficient for both maladies. You can make a better application for tonsillitis, and devise a better treatment for croup and bronchitis, by a few minutes' study of any text-book on therapeutics or practise.—Ed.]

Editor Medical World:—Can you tell me what are the constituents of Mrs. Summer's Medicin for Females, manufactured by Vanderhoof & Co., of South Bend, Ind.? It is being used by the laity in this community a great deal at this time, and I have a curiosity to know what it is. Please publish any information you may have on this subject in your next issue, and oblige

Purcellville, Va. J. B. Hackley.

[Can any one in the family give us any information concerning the composition of this nostrum? It is new to us, and we know nothing whatever of it or its composition. But, Doctor, can't you write a formula for a better "medicin for females"? Try it. Consult your books containing formulas.—Ed.]

Editor Medical World:—Have been told of a wonder (?) in curing inflamed eyelids. Can any of the family tell the formula of "Roman Eye Balsam"? 'Tis thought to be manufactured in Philadelphia. Dr. Rose L. Hathway.

East Liverpool, Ohio.

[The Editors have never heard of it. Does any member of the family know anything of its composition?

If you will saturate steril water with gum camphor by placing small pieces of the gum in the water and allowing them to remain there for a considerable period, then add 15 or 20 grains of either boracic acid or biborate of sodium to each ounce, you will have a good remedy for routine use in your practise. It is dropt in the eyes every two or three hours. Some prefer to use the boracic acid and camphor separately; others prefer the biborate.—Ed.]

Digitized by Google

EDITOR MEDICAL WORLD:—Where can I obtain a small book for obstetrical records alone?
Troy, Tenn. W. F. ROBERTS, M.D.

[Write Paul B. Hoeber, 69 East 59th Street, New York, N. Y. We are not familiar with any such record, but if one is in print, he will furnish it to you.—ED.]

EDITOR MEDICAL WORLD:—Please tell me where I can get the latest and best book on impotency in the male, its pathology and treatment. J. B. CATO, M.D.
Hutsonville, Ill.

[Vecki's Sexual Impotence, publisht by W. B. Saunders & Co., Philadelphia, Pa., in 1901, at $2, is a standard work. Write also Medical Council, Philadelphia, Pa., for information they have publisht along this line.—ED.]

EDITOR MEDICAL WORLD:—Will you please give formula for Dr. Nathan Tucker's Asthma Specific? a preparation put up by Dr. Tucker, of Mt. Gilead, Ohio. S. M. HIBBARD, M.D.
Sabetha, Kan.

[We think we have publisht something about this during the past year or two, but can't put our fingers on it at this moment. Can our readers send us any information concerning it?—ED.]

Sanatogen.

"Will you please give me the composition of Sanatogen, exploited by the Bauer Chemical Company, New York? I wish the information to answer a question that has been referred to me." B. F. B.
Lincoln, Neb.

According to the manufacturers, this patented medicin—or food—is composed of 95 per cent. casein and 5 per cent. sodium glycerophosfate. The preparation is advertised very extensivly to both physicians and the laity, on both sides of the Atlantic. In Great Britain it is a "tonic food," in this country a "food tonic"; whether this is a distinction with or without a difference, it is hard to say. The public is told that sanatogen is "a muscle builder and a nerve and brain food"; the medical profession, that "it should not be regarded as a food preparation in the ordinary sense of the term and it is not offered as such to the medical profession * * *" Many of the claims made for this combination of milk-curd and glycerophosfates are exaggerated and absurd. The following are taken from advertisements, appearing both in this country and abroad:

"The Re-Creator of Lost Health."

"Sanatogen is * * * a rebuilding food."

" * * * revitalizes the overworkt nervous system."

"Specific nerve tonic action."

"Most reliable and scientific of all nutrients."

" * * * *in certain diseases* it exerts a *specific action* which renders it a valuable adjunct to other curativ measures."

In one of the form letters sent to physicians, the makers of sanatogen opine that "you have likely noticed" an article that appeared "in the May issue" of a certain medical journal. The ingenuousness of this intimation becomes apparent when it is known that a few days previous to receiving the letters, the physicians had been the recipients of pamphlet reprints of said article—"With Author's Compliments."

That milk curd has a food value no one will deny; that the glycerophosfates of soda have a place in medicin may be admitted; but that a combination of these two products should become at once the summum bonum of medicinal foods is a proposition that will not appeal to the thinking physician.—*Jour. A. M. A.*

The Julian P. Thomas, M.D., Company, of 522 W. 37th St., New York City, is a concern which advocates the restoration and preservation of health by the use of uncookt food. There are many dietetic theories; this is one of the many. More may be learned about it by addressing the company.

Virginia Examination Questions with Answers.

Used June 22, 23, 24, and 25, 1909.

(*Continued from March.*)

THERAPEUTICS.

1. What are the therapeutic uses of the silver preparations?
2. What are the indications for the use of strophanthus, of sparteine sulfate?
3. Give the methods of administering turpentine, the indications for its use, and the caution to be observed in its application.
4. Give therapeutic uses of salicylic acid.
5. Give the drugs applicable in the treatment of influenza and state how they should be used.
6. Give the general therapy of the preparations of ammonia.

Answers to the Above Questions.

1. *Therapeutic uses of silver preparations:* As a caustic; for septic processes, boils, and phlebitis; for gonorrhea; for bedsores; in gonorrheal ophthalmia; also as a prophylactic; in dysentery or diarrhea; for ulcers of mouth, stomach or intestins.

2. *Indications for strophanthus:* As a cardiac stimulant; in mitral or aortic obstruction; in cardiac dilatation; palpitation; alcoholism; exophthalmic goiter; nephritis; when heart action is feeble but rapid, and accompanied by low arterial tension; in general, same as digitalis.

Indications for sparteine sulfate: As a diuretic, in cardiac or renal dropsy; also in uncompensated mitral or other cardiac lesions.

3. *Turpentine can be administered:* Locally, as a liniment, as a stupe, by enema, in emulsion, in capsules, on cut sugar, by inhalation, as a spray. *Indications:* As a rubefacient or counterirritant; sciatica, lumbago, neuralgia, chronic rheumatism, sprains, dysentery, hemorrhage of intestins; as a vermifuge against tapeworm: chronic bronchial affections and chronic affections of the genito-urinary tract. *Caution:* Too large doses may produce gastroenteritis, diarrhea, vomiting, suppression of urin, hemturia, strangury; it acts, in toxic doses, as a narcotic poison.

4. *Therapeutic uses of salicylic acid:* "Externally as antiseptic and stimulating applications and for the checking of abnormal perspiration; also in parasitic and other skin diseases. Internally, rheumatic fever (in which it seems to act as a specific): gout; migraine; sciatica; diabetes; cholelithiasis."—(Wilcox, *Materia Medica.*)

5. *For influenza:* The following (among many) have been recommended: Ammonium chloride, alkaline drinks, antipyrin, antiseptics, aperients, arsenic, bismuth, camphor, chloroform, Dover's powder, heroin, hydrocyanic acid; morphin, phenacetin, quinin, salicin, strychnin, aconite, sweet spirit of niter, alcohol, belladonna, bromids, cannabis indica, chloral or sulphonal, ergot.

6. AMMONIUM PREPARATIONS.—*Externally:* Rubefacient, vesicant for bites of insects. *Internally:* As a gastric, cardiac or general stimulant: as an expectorant; hepatic disorders; muscular rheumatism; diaphoretic and diuretic.

BACTERIOLOGY.

1. Explain the terms obligate aerobe and facultative anaerobe. Define the terms germicide, disinfectant, antiseptic, and aseptic.
2. Describe (tell all you know about) the tubercle bacillus.
3. Name a motil, pathogenic microorganism. To what is the power of motion in certain bacteria due? Classify

Digitized by Google

the most common pyogenic microorganisms. Name a pathogenic diplococcus.

Answers to the Above Questions.

1. *Obligate aërobe* is a term applied to such bacteria as cannot exist without oxygen. *Facultativ anaërobe* is a term applied to such bacteria as thrive better without oxygen, but still can manage to exist in oxygen. *Germicides* are agents which destroy bacteria and their germs. *Disinfectants* are agents which restrain infectious diseases by destroying or removing their specific poisons. *Antiseptics* are agents which destroy infection. *Aseptic* means absence of infection, or freedom from germs.

2. The tubercle bacillus is rod shaped, is from 1½ to 3½ mikrons in length, and about one-third to one-half a mikron in breadth, is a strict parasite, is not motile, and has no flagella. It is slightly curved, does not form spores, is not liquefying, and nonchromogenic, is aërobic; it resists acids; it grows well on blood serum; stains well by Ehrlich's, Ziehl-Nielsen's, or Gabbett's method; it is Grampositive.

3. *A motile* pathogenic microorganism: *Bacillus typhosus.* The power of motion is due to flagella. The most common pyogenic microorganisms: *Staphylococcus pyogenes aureus, Staphylococcus pyogenes albus, Staphylococcus pyogenes citreus,* and *Streptococcus pyogenes.* A pathogenic diplococcus: The gonococcus.

NEUROLOGY.

1. Define the terms neurasthenia, psychasthenia, tic, and tonic and clonic as applied to the character of spasms.

2. Give the symptomatology of acute anterior poliomyelitis (infantile paralysis).

3. Give the diagnosis and treatment of locomotor ataxia (tabes dorsalis).

Answers to the Above Questions.

1. *Neurasthenia* is a condition in which nervous energy is diminisht, and sensitivness to external impressions is increast. *Psychasthenia* is mental fatigue. A *tic* is a spasmodic and involuntary contraction of the (facial) muscles; also a neurosis. In *tonic* spasms, the contractions are continuous. In *clonic* spasms, the contractions are intermittent.

2. *Symptoms of acute anterior poliomyelitis:* Some fever, chills, and convulsions may precede the paralysis, or the onset may be sudden; certain groups of muscles (generally in the extremities) are paralyzed; hemiplegia is rare; the reflexes are generally lost; the paralysis is irregular in its distribution, and tends to ameliorate, but the recovery is only partial; the affected muscles waste, and the limb is cold and livid.

3. LOCOMOTOR ATAXIA. *Symptoms:* Loss of co-ordination; characteristic and unsteady gait; tendency to stagger when standing up with feet together and eyes closed; sharp and paroxysmal pain, called *crises;* girdle sensation; loss of knee-jerk and other reflexes; Argyll-Robertson pupil. The *diagnostic features* are: A slow onset; the loss of the patellar reflexes; Argyll-Robertson pupil; lightning pains; inco-ordination. *Treatment:* Rest, tonics (strychnin, arsenic, iron, and phosphorus); easily digestible food; hydrotherapy; massage; electricity; re-education of muscles; avoidance of all excesses, cautery; anodynes.—*Medical Record.*

LIST OF SECRETARIES OF EXAMINING BOARDS, WITH ADDRESSES.

*Alabama, W. H. Sanders, Montgomery.
*Arizona, Ancil Martin, Phoenix.
*Arkansas, F. T. Murphy, Brinkley.
*California, Chas. L. Tisdale, 1879 Sutter Street, San Francisco.
Colorado, S. D. Van Meter, 1723 Tremont Street, Denver.
*Connecticut, Chas. A. Tuttle, New Haven.
Delaware, J. H. Wilson, Dover.
District of Columbia, Geo. C. Ober, Washington.
*Florida, J. D. Fernandez, Jacksonville.
Georgia, E. R. Anthony, Griffin.
*Idaho, W. F. Howard, Pocatello.
Illinois, J. A. Egan, Springfield.
Indiana, W. T. Gott, Crawfordsville.
Iowa, Louis A. Thomas, Des Moines.
Kansas, F. P. Hatfield, Olathe.
Kentucky, J. N. McCormack, Bowling Green.
Louisiana, F. A. LaRue, 211 Camp Street, New Orleans.
Maine, F. W. Searle, Portland.
Maryland, J. McP. Scott, Hagerstown.
*Massachussets, E. B. Harvey, State House, Boston.
Michigan, B. D. Harison, 205 Whitney Building, Detroit.
Minnesota, W. S. Fullerton, St. Paul.
Mississippi, S. H. McLean, Jackson.
Missouri, J. A. B. Addock, Warrensburg.
*Montana, Wm. C. Riddell, Helena.
Nebraska, C. A. Carr, Lincoln.
Nevada, S. L. Lee, Carson City.
New Hampshire, Henry C. Morrison, State Library, Concord.
New Jersey, H. G. Norton, Trenton.
New Mexico, J. A. Massie, Santa Fe.
New York, C. F. Wheelock, University of State of New York, Albany.
North Carolina, B. K. Hays, Oxford.
North Dakota, H. M. Wheeler, Grand Forks.
Ohio, Geo. H. Matson, Columbus.
*Oklahoma, F. P. Davis, Enid.
Oregon, B. E. Miller, Portland.
*Pennsylvania, N. C. Schaeffer, Harrisburg.
*Rhode Island, G. T. Swarts, Providence.
South Carolina, H. H. Wyman, Aiken.
South Dakota, H. E. McNutt, Aberdeen.
Tennessee, C. A. Abernathy, Pulaski.
Texas, M. E. Daniel, Honey Grove.
Utah, P. W. Fisher, Salt Lake City.
Vermont, W. Scott Nay, Underhill.
Virginia, R. S. Martin, Stuart.
*Washington, T. C. McFadden, Seattle.
West Virginia, H. A. Barbee, Point Pleasant.
Wisconsin, J. M. Beffel, Milwaukee.
Wyoming, S. B. Miller, Laramie.

*No reciprocity recognized by these States.

Applicants should write to the secretary in any particular State for any desired information concerning time and place of next examination, fees, etc.

BOOK REVIEWS

CARE OF THE BODY BY RIGHT LIVING. Pamphlet of 40 pages. By Dr. Charles H. Shepard, 81 Columbia Heights, Brooklyn, N. Y. Price 10 cents.

Dr. Shepard is the man who opened the first Turkish Bath establishment in America. He is very old now, in years, but still young in mind and health. He practises austerely what he preaches, and has his reward in his ripe years and good health. This would be a good book for doctors to give to troublesome patients.

THE GENTLEMEN'S DOG: His Rearing, Training, and Treatment. By C. A. Brice, A.M., M.D., author of Brice's Practise of Medicin, etc. Publisht by the Southern Clinic Print, Richmond, Va. Price, $1.

Contains 123 pages, and an index. "It is written by a dog lover, a dog owner, a huntsman, and a medical doctor, and it is what you need." "This little book is intended to fill a want yet unfilled, as many dog books as we have, for it teaches how to care for, train, and treat the diseases of your bird dog, and does not keep you constantly buying dog foods and dog remedies, but tells you what to get, how to prepare and how to use remedies after you have prepared them." These quotations from the preface describe the book as well as any one can do it. It is a good little book, valuable to any one who owns a dog. Many doctors are interested in dogs, and those who are not will remember that anything Brice writes is interesting, even if you begin reading without being confident of any interest in the subject.—A. L. R.

SOURED MILK AND PURE CULTURES OF LACTIC ACID BACILLI IN THE TREATMENT OF DISEASE. By George Herschell, M.D., Lond., Fellow of the Royal Society of Medicin; Late Senior Physician to the Kensington General Hospital, and to the National Hospital for Diseases of the Heart. Late Physician to the West End Hospital for Diseases of the Nervous System, and to the Farringdon General Dispensary. Second edition. Publisht by Hanry J. Glaisher, 57 Wigmore Street, W. Price 2/6, net. Sold by the Chicago Medical Book Company, 90 Wabash Avenue, Chicago, Ill. Price not stated.

It has 72 pages. The first 8,000 sold in less than six months. This edition is thoroly revised and enlarged. Every doctor who does not know about the selection and preparation of lactic acid ferments, and their use in disease, needs to know these things, and he cannot learn them so well elsewhere. He believes that the limita-

Digitized by Google

tions to the use of lactic acid ferments, the methods to be used in making a diagnosis of autointoxication, and the necessity insisted upon for a careful selection of cases, will deter self-medication by the laity with commercial soured milk "so prevalent at the present time." It will prove instructiv, and enhances the value of any library. Every well-read practician needs the information it gives in his daily practise.—A. L. R.

A MANUAL OF MEDICAL JURISPRUDENCE, for the use of students at law and of medicin. By Marshall D. Ewell, M.D., LL.D., Late President and Dean of the Kent College of Law, Chicago; Lecturer on Medical Jurisprudence at the University of Michigan, etc. Second edition. Publisht by Little, Brown & Co., 34 Beacon Street., Boston, Mass. Price, $2.50.

Contains 394 pages and an index. This edition has given opportunity for a close scrutiny of the text, and a few minor changes have been made. At the close of each chapter references are given, by which the student wishing to make himself thoroly grounded in the science, may have opportunity of extending his reading without loss of time. No pretense is made to completeness, but a studious effort is made to incorporate the principles of medical jurisprudence, as found in larger works. Only insanity and toxicology may be omitted from above plan; either would occupy more than the limits of this book. The outline of insanity given corresponds with the best authority of to-day; in toxicology, only a brief consideration of general principles is attempted. Both attorneys and physicians are notoriously deficient in knowledge of this important science, not feeling the need of information till an emergency arises demanding instant solution, when, of course, "cramming" cannot take the place of a general knowledge of the principles of the subject. Little, concise, plain books like this are needed, for professional men will not buy the larger works except when some important case is urging them, and then they read no further than the points immediately touching the case at issue. This book should be in the library of every doctor and attorney not owning a larger work, as it gives all the information the majority of men will need, or gives the data which will aid one in quickly searching out authorities in any line. It complements and supplements the ordinary law or medical book, and will round out and amplify one's general information.—A. L. R.

DORLAND'S AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A new and complete dictionary of terms used in Medicin, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, and kindred branches; with new and elaborate tables and many handsome illustrations. Fifth revised edition. By W. A. Newman Dorland, M.D. Large octavo or 876 pages, with 2,000 new terms. Philadelphia and London. W. B. Saunders Company. Flexible leather $4.50 net; indexed $5 net.

The careful gleaning of literature has resulted in the addition of 2,000 new words to the text of this edition, and the majority of them now appear for the first time in any dictionary. Many of the definitions have been improved, and the entire book shows evidence of thoro revision. The B. N. A. anatomical terminology has been incorporated, and the terminology of the parasites reinforced with the latest words. A new plate appears showing the regions of the body according to the B. N. A. The six pages of abbreviations is not the least important feature; 128 separate tables are given so that this condenst information is quickly available to the man in haste. The illustrations and plates are valuable, and give a vivid conception of the subject treated upon. It is a dependable lexicon at a low price, and the flexible leather binding imparts a tone of richness. Few physicians will feel the need of a larger dictionary after seeing or using this one. It is remarkably complete, yet of convenient size, and is well adapted to the needs of the practising physician or to the medical student.—A. L. R.

FUNCTIONAL DIAGNOSIS: The Application of Physiology to Diagnosis. By Thomas G. Atkinson, M.D., Associate Professor of Neurology and Physiology, Chicago College of Medicin and Surgery; Professor and Head of Department of Physiology, Chicago College of Dental Surgery; etc. Publisht by the Chicago Medical Book Company, Congress and Honore Streets, Chicago, Ill. Price, $1.50.

Contains 213 pages, and an index. The purpose of the author is to teach the reader to appreciate the working value of symptoms in interpreting functional perversions. An effort is made to set forth the relation between the normal and the abnormal in a sequential and systematic form—a feature never before essayed. Every thinking doctor has felt that there was a "missing link" between physiology and pathology; this book assumes to fill this void. To reason back symptoms to their functional premise should be the aim of medical logic, and he who can do this will be able to outline his pathological conditions in terms of physiology. The book is decidedly out of the ordinary in conception, in method, and aim. It cannot but shed new light in places hitherto dark.—A. L. R.

PRACTISE OF OSTEOPATHY: Its Practical Application to the Various Diseases of the Human Body. Illustrated with 108 half-tone engravings. By Charles H. Murray, A.B., B.D., D.O. Publisht by the Elgin Osteopathic Publishers, Elgin, Ill. Price, $2.50; in half morocco, $3.50.

Contains 319 pages and an index. The author pertinently says: "Osteopathy had its necessary growth and development amidst surroundings that tested its right to existence at every step." Scoffing regulars would do well to ponder on that sentence. The publishers say: "If you only realized the simplicity of Osteopathy, how easily the treatment may be given and what a short time it takes, in many cases, you would add it to your equipment at once by securing this book. Many of our most successful practicians are using the principles every day with the most gratifying results. Some call themselves osteopaths, while others are content with securing the beneficent results of this system during the course of their ordinary practise." The book is well written, and superbly illustrated. Every doctor, nowadays, needs much to know what osteopathy is. It is risky to ridicule it if one is ignorant of it. The alumni of the original school of Dr. Still now number 4,202. The work "does not deal with the theory of osteopathy to any great extent; the practical side of the science is presented and emphasized in such a manner as to be of great practical importance to medical doctors who have not time nor inclination to take a regular course in osteopathy." "The author believes that all that is good in medicin should become common property." It is the best book we have seen from this school.—A. L. R.

Digitized by Google

"Talk" may be separated from THE WORLD by cutting this leaf on this line. Then "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

OUR MONTHLY TALK.

The conditions at the seat of government are still very much mixt. The President has done his full share of recommending, but it seems difficult for Congress to get down to business; and I very much fear that adjournment will occur without very much "Taft legislation" being realized. The leaders are hoping to adjourn by about May 20th. If the Taft legislation is not realized before adjournment, when will it have another chance? Adjournment will be followed by an activ Congressional campaign in which the democrats hope for victory. After the election of the new Congress early in next November, the old (present) Congress will convene again in December. Just think of the *old* Congress convening again with authority to do business a month after the *new* Congress has been elected! No other nation in the world does such a ridiculous thing.

The old Congress will convene again next December, but for the short term, because it dies March 4th following. Congress seldom succeeds in accomplishing any important legislation during the short session except the necessary appropriation bills. Then, beyond the present session there will be no chance for Taft legislation until after the death of the present Congress, March 4, 1911. What then? The President could call the new Congress in extraordinary session at any time between March 4, 1911, and the date of its regular meeting in December, 1911. It is unusual to call extra sessions of Congress. We had one last summer on the tariff question, and it is not likely that we will have another next summer. So that would put off the Taft legislation till the winter of 1911-12, and by that time the uppermost political topic will be, "Who will be the next President?" If Taft legislation should be desired or expected during that winter, it would have to be pusht very hard. And then, again, the new House may be democratic; in which event, it and the republican Senate could not pull well together.

So it seems that right now, during the present session, is the time, if ever, for President Taft to push his measures. If he does not, his term is likely to close with a disappointing emptiness—a lack of achievement. It is growing more and more evident that he must get behind and push, or be disappointed. He was too easy during the tariff session last summer; he did not even "take a hand" in the matter until it was too late to do much good. He should learn to grasp the moment's opportunity, as it may never return. And here let me express for the first time what I have thought many times; and that is, does not our genial and good-natured President go about over the country too much, considering that Congress is in session? Could he not serve the people better by remaining at his post than by going to New York, Chicago, New Haven, to the South, etc., to make banquet speeches? It is well for a President to meet the people to a reasonable extent, but should he not do this chiefly when Congress is not in session? And has not President Taft already done quite enuf of this for awhile? I have had a silent suspicion that the reactionaries of his party, both in Congress and all over the country, rather like to see him spend much of his time in going about the country. It will make it easier for the reactionaries in Congress to prevent any real Taft legislation. Just think about this for a minute. I wonder if Mr. Taft has ever thought about it.

Mr. Taft is still depending chiefly upon the republican reactionaries in Congress to carry his measures thru. Can he not see that they are likely to prove a broken reed to him as far as such support is concerned? The democrats are ready to help in most if not all of the proposed Taft measures, but their aid is not wanted. However, the democrats and the insurgent republicans are about to end the Cannon rule in the House as I write these lines. If President Taft really wants his measures enacted into law, why doesn't he turn to the forces in Congress that really favor them—the insurgents and the democrats? That would be the way to get results. But the reason is obvious: the man who should be the president of *all the people* is too good a *republican* to get results in that way! In his speech at Rochester, N. Y., March 18th, the President said:

> One great difficulty about being President, and I assure you there are a great many of them, is that he is the titular head of the party and is made responsible for the laws adopted by the party, altho he has had nothing more to do with them than a recommendation at the beginning and the power of veto at the end. He is held responsible for all the promises made by the party.
>
> * * * * * * * * *
>
> But this is a government of party. If it is not a government of party, we might as well go out of the government business, for we will never get ahead without parties. Therefore, you have to have what is known on the football field as team work. And the party has to get together—the extremes on one side and the extremes on the other—and both must sacrifice something of their individual views and get the thing thru, and that is what I am hopeful our Congress will do.

Here we have in his own words his devotion to party and party government, which abundantly verifies his actions. He seems to be unaware that the possibility of direct government by the people thru the Initiativ and the Referendum broke up party Government in Switzerland, and at the same time vastly improved the government in that country. The same thing has been done in Oregon, where the republican machine has been smasht, and the state government was never so good, and tho it still remains in most respects a republican state, yet while strongly republican a year or two ago it sent a democrat (ex-Governor Chamberlain) to the U. S. Senate. So we see, when the people are allowed to come in direct contact with political affairs and measures, party government becomes a thing of the past.

At Rochester, March 18th, President Taft again mentioned the measures he hoped Congress at this session would adopt, in the following order:

The bill amending the interstate commerce law.
The bill for postal savings banks.
The anti-injunction bill.
The statehood bill.
The conservation bills.

It is my opinion that his chances of realizing the above hopes would be greatly enhanced by calling to councils, and inviting the co-operation of, the insurgents and democrats, as well as those of the aristocratic branch of the republican party as cared to really promote the above measures. But such a course would make it impossible for one party to "crow" over the other during the next campaign; and this would be considered "bad politics." Here we have one of the many evils of party government. The making of political capital for use during the next campaign is one of the chief functions of Congress under the "party government" theory, instead of Congress forgetting party after each election, and devoting itself to the interests of the people. This will come when we have the National Initiativ

Digitized by Google

and Referendum, which we will have some time; but we must get it in all, or nearly all, the states first. We now have it in eight states.

You perhaps remember how hard I took the defeat of Mr. Bryan. One of the strongest objections to Mr. Bryan was that with the certainty of a republican Senate, and the then possible republican House, he could do nothing as a democratic president. The idea was to elect a republican president and House, which with the republican Senate, all working together could "do business." I wish to ask now, if results could have been more barren than they have been up to the present time, if Mr. Bryan were president, even with both houses of Congress against him?

I have been regarding Mr. Taft as the *people's* president rather than the republican's president, and I have been loyal to him with a patience and hopefulness far exceeding a great many republican publications. For example, *The World's Work* (magazine)—emphatically a Taft supporter before the election—gives in its March issue an editorial of nearly four pages entitled, "The President and the People," in which Mr. Taft and his administration are frankly criticised. I expected to clip freely from the editorial for this Talk, but my own remarks have grown so lengthy that I cannot do so. But I must give a little taste of it for those who may not have the magazine itself at hand:

Now, right or wrong, there is no doubt that public opinion has fast withdrawn approval from the Administration since last summer.

For the people feel that the Administration has gone out of touch with them. They are saying that the Cabinet has not a single man who has ever held an elective office of importance, not a man except the non-political, venerable Secretary of Agriculture who knows the people or whom the people know. The President has able counsel—a famous Pennsylvania lawyer, a successful New York lawyer, an able Tennessee lawyer, a St. Louis lawyer, another lawyer from the State of Washington. These gentlemen have all won distinction as counsel for corporations and railroads. They are serving ably—as counsel. But the people, right or wrong, feel that as counsel for *their* Government a fear that these gentlemen may not know their case—that their point of view may, with perfect honor and with all good intentions, be a point of view out of sympathy with the people.

But of this the people would perhaps have never thought but for other facts; for they do not care who sits at the Cabinet table if all goes well. When they elected Mr. Taft they understood that the tariff would really be revised, that the Conservation policy would be sympathetically developt, that new regulativ acts would be passed. On any other understanding even Mr. Bryan would have been elected. Certainly neither Mr. Aldrich nor Mr. Cannon could have been elected, nor Mr. Ballinger nor Mr. Knox, whatever they might have promist.

Mr. Taft strove to hold his party together in the effort to revise the tariff. But the effort failed. The party split and the tariff was not seriously revised. The failure was, therefore, twofold. That effort, then, had as well be abandoned. Still, he seems to cling to the hope of holding the party together. Of such an effort there would yet be no intelligent criticism if there were a reasonable hope of the party's becoming a successful instrument for serving the people.

But the people now see—or think they see—that the dominant wing of it will treat his program for Conservation and his program for the regulation of corporations as they treated his program for tariff revision. The bills that embody his recommendations have been pigeonholed, even in the House, and the chairmen of committees have substituted bills of their own for them—bills that are very different. They may give him only the appearance of good legislation—or no legislation at all. The fear, therefore, is that his very concern for party regularity and unity will be used by them to defeat his program.

If the party's leaders in Congress again give him what *they* want instead of what the *people* want, and if the President again submits to such treatment, his party will be hopelessly split, his policies will rest in pigeonholes, and his chance of leadership will be gone.

One more taste:

The people cannot reach Mr. Aldrich by the ballot—he comes from Rhode Island. The people doubtless will elect Mr. Cannon again because of his personal popularity among his neighbors and of his long service; but the people will not elect a Congress that will again dare to make him Speaker.. The future of the republican party belongs to the faction now called insurgents because they represent the convictions and the conscience of the people.

If, therefore, the President decides or comes by indecision, to stand or fall with "party regularity," he will fall. For party control is about to be shifted. And, however blameless he may be for what Congress fails to do, the punishment will fall on him. This is one of the penalties of Presidential eminence.

To lead a party—that was a worthy aim. But our parties now are more and more shifting and dissolving groups. And one party is no longer arrayed against the other—except in the formal and feigned combat in Congress. The men who till the soil and run the machinery and conduct the commerce of the land—the makers of wealth and the makers of parties and of presidents—are not republicans or democrats as they once were. These old distinctions are dying out. They are kept alive chiefly by political managers. These millions—especially those that dwell between our two mountain ranges—are asking one another whether Mr. Taft will succeed in wresting the Government from undue control by the beneficiaries of special privilege. They do not stop to make fine analyses—to ask whether Congress is to blame. They will not take the trouble to inquire how many good measures were proposed. Factions, parties, even Presidents—all old political names and symbols—have lost power to allure or to obscure or to frighten. What the people want is a leader, a leader without hesitancy. They have but one enemy in political life; and they are in earnest in their fight against that. That enemy is the power, whether democratic or republican, that money yet has to do the public business out of the people's sight, and by so doing it to secure immunity and privilege and more complete control.

Thus it has come about that the people look to the President to lead not his party only, nor only one section of his party, but to be the people's leader. Not by trusting to "party regularity" nor by waiting on discredited Congressional leaders who have already betrayed him, nor by trying to reconcile irreconcilable forces, can he give the right signal to public opinion.

* * * * * * * * *

But the people now want a clear and renewed understanding that the obstructiv forces in Congress shall not count the President among them.

* * * * * * * * *

It is time for a renewed understanding with public opinion. The people are saying to the President: "If you try to be the leader merely of your party, you will fail. If you will be the leader of the people, a great triumph awaits you; and it is a little matter, in these quickly dissolving scenes, what becomes for the moment of party power or of Congressional programs. While factional wrangles are going on in Washington, we are thinking of much larger things."

Camp Meeting All Winter.

We have been extraordinarily faithful worshipers. We have kept camp meeting going all winter. And now that spring (fever) time is coming again, let us stop talking and writing about it, and get out in the sunshine and welcome the coming green and feel an appropriate gratitude to that Intelligence which brings to us annually this beautiful season of promise, which we know will be followed by a season of fulfillment. So let us turn our attention from the religion of books and sermons, to the religion of direct contact with the many manifestations of the Creator, and many proofs of His generosity to His children.

I had no idea that "camp meeting" would last so long. I have tried to cut it off—with due consideration to everybody—but the letters *increase* in number instead of decreasing. They are put aside for me as they come, but they have gotten way ahead of me—I will read them as I can get to them. And may I hope that the flood may stop? I want a chance to do some serious work in economics and government for this Talk department. Besides, I very much fear that the

Digitized by Google

vast majority of humanity will continue to be barbarians in religion for many centuries to come. What I mean by barbarians is, indifference to and intolerance of other religions than that of their birth and breeding. To the Mohammedans, all others are "infidels"—and that word means more in the way of execration to them than it does to us. So with the devotees of all the great religions, including, I am sorry to say, the vast majority of the devotees of the Christian religion, who, with their claimed intelligence and superiority, should take the lead in bringing all together in amity and toleration. This would be real religion, which would lead to a knowledge of the Universal God —not a Jew god, nor an Arabic god, nor a Chinese god, but *the* Universal God over all. But the world is not ready for that yet, not even the Christian world; and I am sorry to say that some even of that part of the Christian world represented by the medical profession are not ready for this large religion, which would include the good in all others. It is said that a frog thinks that his little puddle or pond is the entire world. I fear that many sectarians think that they have all the religious truth in the world. However, sects are a benefit in some ways. Some temperaments are more at home in some sects than others; and it is *possible* to take a broad outlook from a sectarian church-home.

Some continue to think that I am exploiting or trying to impress upon others my religious views; and some even claim that I put Mohammedanism and Buddhism above Christianity. That only proves that they cannot read or think straight upon religious matters. Is there a religious astigmatism? My original purpose was to point out a few of the many interesting things that scholars, chiefly within the church, have learned about the Bible. And to make it easy for any who might wish to pursue the matter in detail, I mentioned two books that all must agree are very "safe" reading. I have received many grateful letters in response. But how can you account for this one, from an Illinois brother:

C. F. TAYLOR, M.D.; DEAR DOCTOR:—Your invitation to "Baptists, Methodists, etc., to speak for themselves" leads me to say that I for one do not see any reason to buy the Unitarian books you recommend, any more than I should buy Catholic, Presbyterian, Mohammedan, or Lutheran theological works. It is your privilege to be a Unitarian if you want to; but some of us do not care enuf about changing our religious ideas to read up on all the different "doxies." Besides, we have already read most of them. Yours truly, H. F. B.

Rev. Washington Gladden is the pastor of a large Congregationalist church in Columbus, Ohio. I understand that Congregationalists are very close to Presbyterians in their belief; at any rate, they are evangelical trinitarians—so Webster says—so Rev. Gladden's book could not well be a Unitarian book. Mr. Sheldon was educated for the Unitarian clergy; but he went into Ethical Culture work. I do not know whether or not he ever began his contemplated work as a Unitarian. His book is certainly not a Unitarian book. I do not think the word Unitarian occurs in it from beginning to end. It was written for *educational* and not sectarian purposes. Mr. Sheldon did prepare other books that might be called sectarian in a way, but they were not Unitarian; they were forms of service, etc., for Ethical Culture societies. Dr. Hinckle, whose books are mentioned in March WORLD, is a Unitarian—I discovered it accidentally. I now have in my hand his "Evolution of Religion." I cannot find the word Unitarian in it, except as used incidentally, and chiefly if not entirely in only one chapter (V). It is not a sectarian Unitarian book. And our Illinois brother would not admit that the standard encyclopedias (which I have urged WORLD subscribers to read on Bible topics) were written by Unitarians—that would certainly be a great compliment to the Unitarians. So the charge that I have been recommending Unitarian books to you cannot be sustained.

❧ ❧ ❧

Passing by a lot of kind and flattering letters, let us try this one, from an orthodox Arkansas brother. The letter is long, intelligent, and very kindly. I wish to present this rather surprising part:

What the world needs to-day is a great baptism of faith; faith in God and Jesus Christ; faith that the Bible is an inspired book and worthy of our love and adoration. If it is not inspired, it is only a worthless jumble of riddles and fables not worthy of a moment's thought, much less veneration; and is and has been an imposition on the human family.

This is a great injustice to the Bible as history and literature; and it is a very doubtful compliment to God as an author. There has been too much of this kind of an attitude. Some have said, "It is all or nothing." That is the same kind of a doubtful compliment to the Bible. It is not "all," and it is much more than "nothing." You know that I do not consider the Bible "all," but I have for many years found it to be a very interesting and important study. I get every translation and version of it that I hear of. My latest acquisition is Weymouth's "Modern Speech New Testament; an idiomatic translation into every-day English from the text of 'the resultant Greek Testament.'" This is interesting in many ways too numerous to mention. For example, it contains quotations from the Old Testament where the text of the New Testament refers to prophecies, etc., found in the Old Testament. This is a very great convenience, and I have never seen it in any other version of the New Testament. It is publisht by the Baker & Taylor Company, 33 East 17th Street, New York City. Price, $1.25. I give these details to enable you to get it if you want it. It is strictly orthodox—the translator and his assistants seem to be thoroly orthodox—not Unitarian. Yet the following table, in the front of the book, will be a surprise to many of those brethren who seem to consider biblical scholarship a sort of wickedness.

THE BOOKS OF THE NEW TESTAMENT.

THE PROBABLE ORDER OF TIME IN WHICH THEY WERE WRITTEN.

Paul's First Letter to the Thessalonians (53 A. D.).
Paul's Second Letter to the Thessalonians (54 A. D.).
Paul's Letter to the Galatians (53 A. D.).
Paul's First Letter to the Corinthians (56 A. D.).
Paul's Second Letter to the Corinthians (56 A. D.).
Paul's Letter to the Romans (between 53 and 58 A. D.)
Paul's Letter to the Philippians (61 or 62 A. D.).
Paul's Letter to the Ephesians (62 or 63 A. D.).
Paul's Letter to the Colossians (63 A. D.).
Paul's Letter to Philemon (63 A. D.).
The Good News as recorded by Mark (between 63 and 70 A. D.).
The Good News as recorded by Luke (63, 80, or 100 A. D.).
The Acts of the Apostles (between 66 and 70 A. D., or between 80 and 90 A. D.).
Paul's First Letter to Timothy (66 A. D.).
Paul's Second Letter to Timothy (67 A. D.).
Paul's Letter to Titus (67 A. D.).
The Letter to the Hebrews (67 or 68 A. D.)
James's Letter (67 A. D., or between 44 and 50 A. D.).
Peter's First Letter.
John's First Letter.
The Revelation of John (67 A. D. or 96 A. D.).

Digitized by Google

The Good News as recorded by Matthew (between 70 A. D. and 90 A. D.).
The Good News as recorded by John (between 80 A. D. and 110 A. D.).
Jude's Letter.
Peter's Second Letter.
John's Second Letter.
John's Third Letter.

Please turn to November WORLD (if you use a WORLD binder it will be easy), page 503, near bottom of second column. You will find a short quotation from a letter by Dr. George Hare, of Kirkland, Texas. The Doctor has written (tho late) expressing very strongly his dissatisfaction with such a fragmentary representation. He says his arguments were omitted, and he asks that they be presented. I cannot rest under a charge of being unfair, so here is his letter in full, the part previously publisht being designated by italics. It is concerning miracles.

DR. C. F. TAYLOR, EDITOR; DEAR SIR:—One man may be hysterical and be deceived, even a few pickt out might be led to believe in a deception; but that whole crowds who were fanatically opposed to innovations should accept obloquy, reproach, scorn, upon evidence of what their eyes saw and their ears heard there must have been some striking demonstrations in the presence of witnesses. Some of the occurrences are on record. We can examin them as to the art or power that must have produced or wrought them.

There are arguments and there are occurrences. Hume would suggest experiences. My own experiences and myself with them are included in the wider meaning of the term occurrences. We may inquire into the truthfulness of any given occurrence, whether it be a suggested one by Darwin, or one steadfastly witnest to by 10,000 martyrs.

The miracles of Christ and His apostles were of that exceptional character which would not be believed unless they were true. There is one exception to the aphorism, "You can make people believe anything," which may be thus illustrated: I might manage to get a number of men to believe my lie regarding what I had seen or what I had heard and which they had not seen. But I cannot make that crowd of men believe that they saw the city on fire and the fire engines playing the water streams unless they had actually seen such. The New Testament facts are of this exceptional class. Sufficiency of the works were wrought in public; believers are confronted with arguments from what they themselves had witnest. Did they accept the wondrous works and arguments as manifestly true? Let the thousands of condemned ones bear witness; let Jewish governors and Roman emperors bear witness; let the most aristocratic of Roman penmen bear witness to the spread of Christianity.

Stories invented by cloistered monks or interested priests won't account for the first three centuries of actual Christian warfare. Monks, serene ladies, and men of leisure, good at imaginations might get up tales; but men under fire, or preaching before the burning stake are not circumstanced in that sort suggestiv environment. Apologists writing to their emperors of those matters are not to be regarded as studying up lies.

The additions to the gospels measured out by suspicious critics as having been made out at a time when they cannot deny their existence won't account for the numbers of steadfast adherents to Christ in the first century in spite of threatenings and slaughter. At a time when the last distrustful reflection of suspicion is swept away with additional evidence of substantiation of the certainty of the records, the critics find records. But don't forget, Bible lovers, that there were persecuted Christians, Christian churches and letters of the Apostle Paul in the first century. Most respectfully,

Kirkland, Texas. GEO. HARE, M.D.

It seems a late day to argue concerning miracles. Let our orthodox friends do it themselves. *The Christian Work and the Evangelist* is a weekly religious magazine publisht at 90 Bible House, New York City, at $3 per year. At the head of the editorial page is this: "The largest paid circulation of any high-priced Religious Newspaper in the United States." Its name indicates that it is strictly orthodox, and its columns bear out this fact. I put aside the issue for December 4th last, expecting to make some quotations from it, but as you know, I have been and still am overwhelmed with religious matter that I really want to publish, but I cannot do it without encroaching upon the medical part of THE WORLD, and that I will not do, for it would be dishonest. The subscribers pay for a *medical* magazine, and they want that part in full measure, this religious matter being thrown in as an extra. The above-named publication and issue contains a long editorial (beginning on page 736) on "The New Apologetics." This editorial reviews and comments on two new books: "Miracles and Supernatural Religion," by Dr. James M. Whiton, and "Religion and Miracle," by Dr. George A. Gordon. I present a couple of comparativly brief portions of the lengthy editorial:

They are significant of the great change that has come over apologetics in the last quarter century. The old apologetics based the proof of the divine nature of Christ almost fundamentally upon the miraculous elements of the gospels. Christ workt miracles; therefore He was divine. In the standard book on "Christian Evidences" of the period of twenty-five years ago six chapters out of eighteen are given to miracles. Other elements of the old apologetic on which great stress was laid were proof of the divine origin of Christianity from prophecy, the infallible guidance claimed by the writers of the New Testament, and the recognition of those claims by the early Christians. A great step forward toward the new apologetic came when Bushnell wrote his famous chapter on the character of Jesus the proof of His divinity, but fundamentally the proof of Christianity has been based on the miraculous elements in the gospels. All this is changing very fast, as one can see who follows closely the apologetics of the day. The two books we have quoted are only representativ of the whole tendency of modern apologetic writing. How do we know Christianity is of divine origin and character? Because it accomplishes divine things wherever it grows. We know just as we know a seed was an orange seed when it produced oranges on the end of its enfolding limbs. How do we know Christ is divine? Not because He wrought miracles, but because of his character, His work, His words, but even more because whatever life He touches becomes divine. How do we know the words of the Bible are inspired? Not because of any miraculous origin, not because they happen to be in a book, not because the author claimed inspiration, but because wherever they have gone they produce inspired lives and holy thought and religious feeling. This is the new apologetic, and we cannot help feeling that it makes much stronger appeal to the present generation, when science has establisht so firmly in us all the sense of the reign of law than does the old appeal to miracle. Furthermore, it is indisputable; miracles are disputable. Men may deny them. No man can deny the character of Christ nor the divine life that has always followed His presence.

* * * * * * * * * *

We do not know what is to be the fate of miracle. A well-known scholar, acquainted with all of the books of the last fifty years, recently remarkt in one of his own books that no scholar of his acquaintance, of international repute, now hesitates to acknowledge the presence of legendary element in the Old Testament. It is almost impossible to find any standard modern work on the Old Testament which does not reject several or most of the Old Testament miracles. Critical work is just beginning on the New Testament, and already several scholars are beginning to alarm us with their findings. Even so orthodox a body of men as the revisers of the Authorized Version of the Bible left out of the revised version the fourth verse of the fifth chapter of John—the story of the angel and the waters of Bethesda. No one can have followed recent ordinations of students from Yale and Union seminaries without seeing that the teaching in those seminaries emphasizes the natural birth of Jesus and the spiritual resurrection. There are already hints that many scholars are retaining only the miracles of healing in the New Testament. The writer of this editorial is not at all sure the scholars have made out their case as yet. But still he remembers what has happened to the Old Testament, and in the face of his own perplexities before some miracles he is glad that Christianity, with Christ, does not rise or fall with them. They may stay or go; Christianity remains. And it remains, divine and redemptiv, a supreme gift of God, not because of physical signs and wonders, but because of wonders and transformations of the soul.

Now, what will Brother Hare say about miracles? Even the most orthodox are beginning to

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR per year, or FOUR YEARS for THREE DOLLARS; to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS; to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

ON ACCOUNT OF the regulations of the Post-Office Department limiting subscription credits, we must add FIFTY CENTS per year to the above rates when not paid in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII MAY, 1910 No. 5

Dressings for Burns.

Altho frequently met with in general practise, burns are not accorded the scientific treatment which their importance often justifies. Very few practicians have the foresight to keep themselves constantly supplied with a good dressing for burns; hence, when the emergency arises, there is inexcusable delay while the dressing is being prepared. Shock is a positiv element in prognosis, and every minute of delay in exclusion of the air from the lesion adds to and aggravates the shock. Shock, from burns, may be rapidly fatal, or it may be the sole cause of death as late as twenty-four hours following the accident. Moreover, were there no other reason, the intense pain which the patient suffers should impel us to give immediate relief.

Theoretically, the dressing of a burn should be an aseptic procedure; in practise, this is seldom possible. Only rarely is the general practician able to find environment or supplies which give the remotest possibility of either an aseptic or an antiseptic dressing. Quite frequently he is called to come quickly as he drives along the road, and the careless and incompetent man when so called "has nothing with him but his case of tablets." Every country doctor (and city doctor as well) who strives to actually fulfill his whole duty, should have constantly with him in his conveyance an emergency satchel, and in this satchel should be some good dressing for burns.

If, however, one is guilty of failing to heed this admonition, which we have so often given in these columns, and is again caught, he may save some self-respect if he will remember that burns may be satisfactorily given a temporary dressing by quickly making an ointment of lard and flour. This is spread over the lesion and covered with cloths or a bandage. It is sure to give immediate relief, and often slight burns will not require any further attention.

Picric Acid: A solution of 1 to 2 per cent. is commonly employed. This is quickly prepared by dissolving 1½ drams of picric acid in 3 ounces of alcohol, and from this making the required solution, when required, by adding one part of the solution to two parts of water. It is easy, for those who prefer the picric acid dressing, to carry an ounce or two in their emergency satchel. A steril gauze bandage is passed about the burned part, after it has been cleansed, and this is saturated with the diluted picric acid solution. This gauze is covered with absorbent cotton (if at hand) and finally the dressing is completed by a cotton bandage or by

Digitized by Google

cloths wrapt about the part. It takes little longer for a man who is properly equipt, to dress a burn, than we have taken in telling how to do it.

Turpentine: This is found in country homes almost as frequently as is found the flour and lard. It is both antiseptic and analgesic, and is easily and quickly applied by bandaging the injured part with cloths or bandage dipt in the turpentine. Of course, care must be taken that the patient does not go near any light or fire, as the fumes are quite inflammable. It is not advisable to dress an extensiv burn with turpentine, on account of the danger of absorption of an excessiv amount of the drug.

Aristol: Eight or ten grains of aristol, blended with an ounce of steril vaseline, or zinc ointment, or with an ounce of equal parts of each, is a convenient and valuable burn dressing. Spread on steril gauze (or on any clean cloth, if no gauze be at hand) and apply to lesion; cover with a bandage.

The Ointment of Reclus: This meets all indications, perhaps, better than any other dressing. Of course it must be prepared in advance, so that it will be ready when the emergency arises. It is composed of the following ingredients:

Corrosiv chlorid of mercury....	1 part
Carbolic acid	30 parts
Aristol	30 parts
Boric acid	90 parts
Salol	90 parts
Antipyrin 150	parts
Vaseline 576	parts

Mix. Spread on steril gauze and apply to lesion. Complete dressing by cotton and bandage.

Discussion of Sexual Matters in Lay Publications a Sign of Enlightenment.

These days one may read in family magazines and ladies' journals such articles as would only have been considered fit for use in a medical journal a half dozen years ago. The editors have learned not only that such articles will be tolerated by their subscribers, but that there is a demand for them. In the face of the long indifference of the public to the festering sores that underlie the veneer of our social fabric, this awakening is most encouraging. For many years good mothers have occasionally taught their daughters what little they themselves knew of the mysteries of their sexual being, but the vast majority of mothers were deterred by a false modesty from mentioning such matters to their growing daughters. The result was an unmeasurable source of sin, suffering, misery, and ill health. Only the exceptional father ever thought of mentioning such matters to his sons, and if by chance the innocent boy sought information, the shame-faced father turned him off with no information. Thus it had come about that the only information which could teach a man how to live was never acquired till it was forever too late. The girl was left to her ignorance, and quite generally was sacrificed to that ignorance. The boy gleaned his knowledge from the gutter and too often the brothel. The pulpit was silent because it was ignorant; the teacher, because he feared public opinion; the father and mother kept still because of a false modesty.

And what has been the result of this policy? Eighty to ninety per cent. of all males have suffered from gonorrhea before reaching the age of 30 years. Two out of every three respectable women are suffering from the effects of gonorrhea which they have contracted innocently thru marriage. Three out of every four prostitutes suffer from gonorrhea. Seventy per cent. of all operations on the generativ organs of women, as proven by our hospital statistics, are the direct consequence of gonorrheal infection. Eight out of every ten men married in New York City infect their wives with gonorrhea. The innocent bride is soon an invalid. One child sterility is common. Gonorrheal blindness is quite common in our cities.

These are powerful arraignments; yet they have never been disputed, and they have been freely quoted by our best authorities. The men who have given out these statistics had every opportunity to judge of the actual facts in the case, for they had been investigating the matter for many years.

Hence our daughter, when considering marriage, must consider that she has but one or two chances in ten of escaping a lifetime of suffering from a gonorrhea grafted upon her in the holy name of wedlock. What wonder is it that she is interested? Once she has been given a hint of why so many of her associates have so quickly lost their bloom in wedlock; why so many girls so quickly "go down" in health after a few months of wedded life; why there are "so many operations on women in the hospitals nowadays"; small wonder that she seeks

Digitized by Google

the information which will give her a chance to protect herself. Nor will she become less innocent or less sweet thru knowing something of the physiology and functions of the body whose phenomena are daily thrust upon her wondering attention. Innocence is no longer held to be a synonym of ignorance. There has never been any sense or reason in depriving our children of this very essential education; and now that it is brought to their attention thru the lay press, the girls will cease to be willing sacrifices upon this altar of polluted lust, and will demand that their prospectiv husbands be able to show a clean bill of moral health.

When this is done, our social status will be immediately and permanently improved, for the young man will learn that his prospectiv bride will refuse recognition of one standard of morality for the man and another for the woman, and will demand of him as great purity of body and mind as he expects of her. For these reasons we are glad to see this movement gaining in popularity, for no movement can be a success until it becomes popular. And we hope that physicians, everywhere, will aid and encourage it in every way and manner in their power.

Business Talk to Doctors.

I still get inquiries about this and that collection agency, and one brother (Kan.) asks me to name the best collection agency. I have tried to show you that you should be your own collection agency—you can be your *best* collection agency, and you will get all the returns, no cheating, and no estrangement of patrons. Read the collection letters in the December and January Business Talks. If you cannot modify them to meet your needs, write me just what your needs are, and I will try to get up a set of letters for you, and publish them in the next Talk. By using collection letters, you do just what the agencies do. Some of my delinquent subscribers think it strange that I sometimes have to resort to collection agencies to collect delinquent subscriptions. There are certain agencies that devote themselves entirely to publishers' accounts; and they *have* to be straight, for publishers have the power to give them very undesirable publicity if they are not straight. Besides, the average publisher is a better business man than the average doctor, and he will give (or have his clerks give) more prompt and systematic attention to such matters than the average doctor. These are the reasons that publishers and their collection agencies get along better than doctors and the collection agencies. By the way, I have recently learned that the agents of the Sprague concern, of Chicago, are still operating successfully in Connecticut—among doctors who do not read THE WORLD. Paraphrasing Lincoln, you can save *part* of a profession, but you can't save *all* of a profession. There will always be some who are behind the times in their information, and this time it is some who consider themselves above the average of their profession.

The National Association of Credit Men issues a monthly bulletin. These men, wise in such matters, are "onto" the average agency; and their bulletin frequently condemns them, individually or as a class. I clip the following from their April bulletin:

Members of the National Association generally know how the National office in season and out of season, if luckily there be the latter, has warned against the methods pursued by certain collection agencies. One of these agencies seeks by a rather clever design to win attention and hold it. Its business cards on the reverse side present the genial or sour face, as the circumstances warrant, which the *Bulletin* reproduces:

If you have Our Service in your business you will smile like this.
If you have not, your delinquent accounts will make you look like this.

Judging from the experience of scores and hundreds of credit men, you will wear somewhat the expression below when you have added your experience to theirs and given this certain agency a contract.

He signed up first, then investigated.

I don't know what agency "this certain" one is; but the above will apply to most, if not all of them. Dr. John H. Cooper, of

Digitized by Google

Welsh, La., wants information concerning the Consolidated Adjustment Company, of 79 Dearborn Street, Chicago. Can any one give it to him? Write directly to him.

A Penna. brother, who seems to be a good collector, writes complainingly about a certain agency. But according to his own words, this agency did all that was in the power of any agency to do. But he had already tried a series of letters on them, and seeing that the agency could do nothing more, he placed them in his attorney's hands and got results—these were old, outlawed, dead-beat claims. This proves what I have often said to you: that you can yourself do, by a series of letters, all that an agency can do, and do it better. So be your own collection agency. It is about as much trouble for you to get up your list for an agency, report payments, etc., as to do it all yourself; so why not do it yourself, and you know that you can treat yourself honestly. A Florida brother writes as follows:

DEAR DR. TAYLOR:—Inclosed find check for $3 for four years' subscription to THE WORLD. I can't do without it. Your set of letters in the December number were worth the whole ten-years' subscription I have paid you. They are "money getters." This being a winter resort, I changed the wording to closing of the season instead of the year. I mailed my fourth set to-day (March 10th), only eighteen, while in the first set there were seventy-five. Long live THE WORLD.

Those who *do* as has so often been suggested and urged, get the reward. Those who go along in the same old negligent way, never getting their books up to date, and never trying to get any help in this, to many unattractiv part of their work, lose thousands of dollars, are usually hard up, and are frequently in debt, and their families are frequently not well taken care of. They frequently degenerate into "n. g.'s," and their lives (and wives) are miserable; while a little bracing up, a few evenings with the bank clerk or some other good bookkeeper at the office, and then arranging with the printer to get up a set of letters, then a bright girl or that same bookkeeper to send them out, and the gloom of despondency would change into prosperity. The slovenly doctor would change. He would feel money in his pocket, and he could go around mending his neglected credit. His home and his home life would brighten up. The world would seem different. The people would like him better, and he would like himself better and he would do better work.

I guess you know what the A. D. S. is: American Druggists' Syndicate. They have gotten a certain kind of druggists to go in with them to make and market substitute nostrums of the Lydia Pinkham type. Then they seem to have remembered that doctors are easy, so they have been bombarding the medical profession with their circulars, inviting them to buy their stock ($10 per share) and co-operate with them. It is a movement to discourage dispensing by physicians, and at the same time make physicians partners in manufacture and sale of a long list of substitutes for the popular nostrums. Doctors, do not put your money nor your reputation into this kind of work. Stick to your professional work, and keep it on a high plane. And claim and exercise the right to dispense to your patients whenever your and their interests and convenience will be served by so doing.

You know the old saying, "the faraway hills are green." Did you ever look at faraway hills that look green, and upon going to them find that the grass is as sparse as on your home hill? That is the origin of the saying. The moral is, *go and see;* and not rely on a faraway appearance, nor upon irresponsible or interested reports of faraway places. Here is a letter from a man who goes and sees for himself:

Texas and Florida.

EDITOR MEDICAL WORLD:—I have just been enjoying THE WORLD for April—Business Talks and all. If the Chicago brother who was wanting to know about San José orchards in southern Texas had given his address, I would have written to him. What you said ought to keep him from biting. I have just returned from a trip to that country—went to investigate the glowing reports I had read of it. The old cattle ranches are being cut up and sold to suckers at enormous prices. Train loads of prospectors are sent down there from the north with some smooth booster in charge. He operates as politely as the most accomplisht highwayman could possibly do. They have things fixt to look good and to "deceive the very elect" if possible. To get facts, talk with some reliable man who has been living there a few years. For raising oranges and other semi-tropical fruits, that place is absolutely *no good*, or I am very much deceived. There are no orchards there now that promise any interest on the investments that I could find. I have seen orange groves, banana fields, coffee trees, etc., where they would grow; but such things anywhere in Texas, except for novelties *will never be.*

I see the Florida everglades are hunting purchasers thru religious papers and other publications again. No doubt those who have such large sums in Florida drainage projects would like the public to divide loss with them. If you are sorry for them to that extent, buy. Much of Florida is no better than a sand bar in a river with a swamp in the middle of it. I have been there to see, also. You will have to continue your

Digitized by Google

Business Talks as long as people inquire about such investments. H. C. SANDERS, M.D.
Selmer, Tenn.

Can we ever have a Talk without mentioning mines? I will put in only this little word this time. Dr. A. L. Grubb, of Berkeley Springs, W. Va., says incidentally while sending his renewal ($3):

I enjoy your journal very much, especially your Business Talks, for I know something about mining stocks, as I practised in Denver, Col., for two years. The good mining stocks are not offered to the public, but are taken by the men themselves. Many a mine I have been in, and lookt out of them, being so shallow; and still those same mines (so-called) had thousands of dollars of stock issued against them, when in reality they didn't have even good slate stone. Excuse my encroachment upon your time, but I can't help but talk about mines, as I have seen so many of them.

Why do doctors in all parts of the country want lots at Lakewood Terrace, N. J.? They don't, if they only knew it, whatever the speculators may say. Lakewood is a moderately good winter resort (among the pines), but nobody who doesn't have to wants to live there in summer, with heat, mosquitoes, and poor, sandy soil, when the delightful seashore is only 10 or 15 miles away. The speculators want to *give* you a lot. Things that come free, or in a free guise, are in the end the most expensiv. Many parts of New Jersey have been platted and planned for settlements, over and over again, some streets having been made, but now deserted. The speculator has gotten something out of it and gone. Don't buy nor accept a lot except where you want to *live*. You don't want to live in Lakewood Terrace, as pretty as the name sounds. You can't make a living there, and you don't want to be burdened with real estate there.

New insurance companies are still trying to start at the doctors' expense. They hold out an offer of an appointment on their "staff of examiners" as a bait; but the doctor must buy stock. The last one comes from Seattle, Wash. Doctors have innocently built up all sorts of concerns for others; now they are expected to pay for the privilege.

Among other stocks advertised to be sold at the regular Wednesday auction at the auction place of Messrs. Barnes & Lofland, this city, on Wednesday, April 20th, were 200 shares of United Wireless. I was anxious to see how these shares would stand the test of competitiv bidding like other stocks. In the report of sales reported in the papers the next day the Wireless was not mentioned. I had inquiry made, and learned that these shares were sold at private sale at $14. It seems that there are two kinds of United Wireless stock, the stampt and the unstampt. This was the stampt kind, which seems to be much preferred; so much so that purchasers will not buy until they actually see that it is the stampt kind. The above will doubtless be interesting news to those who have been paying $30 for this stock, and perhaps the unstampt kind.

And now the flying machine promoter is in the land. Did you ever think this kind of a proposition would strike you this side of heaven? Better not consider it seriously while you are on earth. However, let us work honestly and intelligently for our interests while we are here on earth, with wrong to no man, and with a record of having done our full duty to every one, and leave this world free of debt and qualms of conscience.

Habitina.

The *Jour. A. M. A.*, in its pharmacologic department, March 12th, exposes "Habitina," one of the vicious and dangerous nostrums advertised to "cure" the morphin habit. It is advertised by the Delta Chemical Company of St. Louis, for the "positiv cure" of the "morphin and other drug habits." The Delta Chemical Company is, according to reports, practically owned by one Ryland C. Bruce, who was previously in the insurance business; the "chemical company" is said to have its preparation put up by other houses according to demand. The advertisements call attention to the fact that a "free sample" of this "cure" may be had on application. Those writing for it receive a half-ounce bottle containing eight grains of morphin sulfate and four grains of heroin hydrochlorid. This means that, under the present lax state of affairs, any man, woman, or child who cares to go to the trouble can, at a total expenditure of two cents, get enuf morphin to kill seven or eight people. No reputable drug store in the United States would dare to sell this quantity to a layman on no other authority than his simple request. The exposé refers to another article in the same issue reporting a case of blindness resulting from the use of this nostrum. Before taking "Habitina" the patient was taking six grains of morphin daily—after taking the "cure" she required daily sixteen grains of morphin and eight of heroin.

DR. C. F. TAYLOR:—Inclosed please find $3 for THE MEDICAL WORLD. I always feel like it's a bargain day when I get THE MEDICAL WORLD for $1 per year; now, what shall I call it when I get it four years for $3? I take five other journals and consider it the best I take for the general practician. I am a missionary Baptist; but your Monthly Talks are food for my hungry soul. Let them go on. I agree with all you say concerning the dogmas, but differ with you politically; nevertheless I enjoy reading yours, as two sides make a broader surface than one. T. J. JACKSON.
St. Charles, Mo.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Mechanical Treatment of Constipation.

EDITOR MEDICAL WORLD:—It is universally accepted that mechanical treatment is the best and most permanent remedy for the relief of chronic constipation. We shall deal here principally with atonic constipation, so common in this country and so fruitful in causing so many troubles. In atony of the bowel we have not only the loss of normal muscular force, but what is more important, especially in directing the manual treatment, we have a pronounced lack of normal irritability. This we see especially in the obese, the hysteric, and in the neurasthenic.

It becomes necessary to mention some contraindications for massage in constipation:

1. Pregnancy.
2. Ulcers.
3. Tumors.
4. Acute inflammatory conditions.
5. Constriction of the sphincter ani.

Before I start the massage of the abdomen for constipation, I always give the patient an oil injection at night. I use one pint of pure sweet oil, warmed by putting the bottle into hot water, and a two-ounce hard rubber syringe. The patient is lying on his left side with the pelvis elevated about ten inches; the oil should be given very slowly for best results. After it is all injected, the patient is told to turn over on his back, and I begin to massage the colon backward as it were—that is, from the sigmoid flexure up the descending colon across over the transverse, and finally down the ascending colon, in which latter part we find the largest scybala. These must be loosened up and carefully workt upon. The oil is retained over night, and the following morning I use a three-pint enema of hot water with soap and one teaspoonful of salt. This gives a most satisfactory cleaning out of the colon; but as Fleiner so well says, one cleaning out, no matter how thoro, is not enuf, but we must repeat the oil injection three times at least, every other night. The oil has both a mechanical and chemical action, as Illoway so clearly states: "It loosens and detaches the scybala from the intestinal parietes, penetrates the indurated fecal masses, and softens them, and indirectly excites peristalsis thru the softened feces; it also inhibits the resorption of water from the feces by the mucous membrane. The chemical action is a saponification of the unchanged bile and pancreatic juice."

The indiscriminate use of enemas will produce a relaxt condition of the bowel, and it certainly becomes our duty to caution the patient against their continued use. It is a well-known fact that the most ardent advocate of large, daily enemas died from paralysis of the bowel.

As a preparation for our treatment, we insist on an empty stomach and we must also have the bladder emptied; otherwise the massage will be very uncomfortable.

The patient is half lying, with the knees drawn up so as to relax the abdominal muscles; the operator sits at his right side. We commence with massage of the liver and find that a very important matter for best results. In a few days the patient volunteers the information that his hemorrhoids are no longer troublesome, and defecation consequently less painful. It may be well to mention in this connection that woman suffers so much oftener from constipation than man, not only from lack of exercise, as some would have it, but principally from restricted function of the liver and pancreas, caused by tight-fitting clothes. We must always remember what an important function the bile has in directly stimulating the peristaltic action, and no massage of the abdomen for constipation is of much consequence, unless the liver circulation and its nerve supply are first attended to. When one introductory massage of the liver is finisht up in the shape of clappings and palmar vibrations, we proceed to treat the smaller intestin.

The hand is well oiled, especially when treating a very hairy patient; and we begin with strokings with the fingers from the pylorus in circles outward and downward, pressing firmly. This manipulation will at first cause some patients a little discomfort, but by diverting the patient's attention from

Digitized by Google

himself and by ordering him to breathe freely and naturally, he soon gets accustomed to it. This is followed by circular frictions with the tips of the fingers over the same region, and in this manipulation the operator's skill is most heavily taxt. If by the form of the feces we know that the constipation is caused by atony of some part of the smaller intestin, the operator must try to locate that region, and by persistent, yet careful frictions, try to loosen up and move the fecal accumulation, as Rosenbach has so clearly demonstrated that all cases of atony of the smaller intestin are local before they become general.

We now come to the massage of the colon, which is performed in the following way: Spread the right hand over the abdomen so that the ball of the hand covers the lower part of the ascending colon; press over that part upward to the transverse colon; then stroke with radial border of the hand firmly over to the left side. Here the tips of the fingers should be used for the downward pressure over the descending colon. The manipulation is repeated in circles without interruption. Vibration (with the hand) is also used over the descending colon and over *any* plexus that we may wish to reach. Zumaglini, the great authority on nerve massage, has made careful experiments, and has come to the conclusion that comparativly light vibrations of short duration aid defecation, whereas severe and long-continued vibrations have the opposit effect. As the last part of our massage we treat the back, especially the dorsal region, with firm strokings, deep kneadings, and most thoro percussions. In constipation associated with dilatation of the stomach we should try to overcome the pyloric spasm instead of treating the muscles of the whole organ, as Robin has proved conclusivly that a compensatory hypertrophy of the gastric muscles always exists.

In connection with the massage, I give on the third or fourth day some Swedish movements in the form of lying and raising of the body with the hands back of the head; lying rotation of the pelvis; and also lying flexion and extension of the legs. It is very necessary to teach the patient proper respiratory movements in connection with those already mentioned. We shall not refer to the diet except as it pertains to one thing: that is, bran. For some years past I have seen the most extraordinary results from the use of bran biscuits in constipation. They are made in the following way: Take 2 cups of *clean* wheat bran, 1 cup of white flour, 1 teaspoon salt, 1½ teaspoons baking powder, 3 tablespoons molasses, 1 pint milk. Mix and bake in a slow oven for one full hour.

In infants we often have to deal with many stubborn cases of constipation, and carefully applied massage is most effectiv, particularly in those cases which occur at weaning time, when the food is so radically changed. Any intelligent mother can be taught how to properly treat her child, the only precaution being necessary is to see that there is not too much pressure generated over the transverse colon. I fully believe that many children that have been permanently ruined by the continued use of purgativs without physicians' prescriptions, could have been saved by simple massage of the abdomen.

Let us earnestly fight this so very common and insidious trouble that is the cause of so much suffering, by carefully looking into each case individually. Many a person with a daily bowel movement has a filthy colon, but he does not know it until the oil injection plainly tells the story. It may be interesting to the reader to learn that in twenty-five years' work the author has only had two failures in treating constipation. In both of these cases there was a history of severe typhoid fever, and the best masseurs of Paris and Carlsbad could give only temporary relief.

KURRE W. OSTROM.
112 N. 16th St., Phila.

Mechanical Therapy. — Vibratory Treatment.

EDITOR MEDICAL WORLD: — Until recently nothing has appeared in THE WORLD concerning mechanical therapy. Many physicians are using various drugless methods, and are getting gratifying results. It would seem that discussions of their worth might benefit all of us.

The treatment of disease by mechanical vibration began in this country about 1903; and for the next few years vibrators of many kinds and values were brought forward. Doctors who bought efficient instruments and used them properly, obtained, in many cases, astonishing results, and are still doing it. Those who bought toy vibrators, or who did not properly use a good one, discarded the treatment in disgust.

Sufficient time has elapst to test the true value of vibratory treatment. It has come to stay; and the doctor who would be awake to the highest possibilities of service, should

Digitized by Google

lose no time in carefully studying the principles involved, and in installing an efficient vibrator. It is because of our ultra-conservatism that quacks and the osteopaths have reaped and still reap rich harvests which should be garnered by the regular profession. What the people want is relief from their ills; and to him who is equipt to give it, they will flock, regardless of regularity.

There is an idea prevalent among both the laity and the profession that the results of mechanical treatment are not lasting; that the best results are to be gotten by drugs. Perhaps the reason for this is, that in the exhibition of drugs there is, thru taste or the other senses, a tangible evidence of something doing; while in the application of mechanical treatment, there is, apparently, only a surface operation. But do not both methods produce their effects in similar ways? Do not drugs produce their effect finally by action upon the nerve centres, causing by the impulses sent out the various effects: congestion, anemia, secretion, inhibition, etc.? Do they not do this, too, by first producing an irritation of the nerves of the part to which they are applied, be it internal or external? Mechanical vibration acts in a similar way, but sometimes in the reverse order, centre first, periphery last, by producing an effect—irritation or sedation—at the point of application of the treatment. Why should the permanency of the results be questioned in the one case more than in the other?

There are several good vibrators. A good vibrator is one which, quoting from the third edition of my manual, will enable the operator to localize the stroke, vary its length, deliver heavy, penetrating impulses as well as light ones, and treat the cavities of the body, using lateral stroke.

The writer met, recently, a Brooklyn, N. Y., physician who evidently uses a good vibrator; for he said, "It will do so many things so well, that I don't like to talk about it." He meant it would seem like the boasting of a quack should he tell the results he obtained thru its use. In my own experience, increasing knowledge and skill only deepen my respect for this method of mechanical treatment. About seven years have passed since the vibrator was installed in my office. Let us consider a few cases as to the permanency of results. A case of diarrhea of fifteen years' duration, cured by vibration, remains well after almost six years. Many cases of indigestion remain cured after one, two, three, or more years. One case had only seven treatments for indigestion lasting five years. This was cured for three years, when a return of some symptoms led the patient to come for three more treatments. Three years have passed since the last treatment and the patient, seen recently, reports herself as well. How many doctors cure indigestion by drugs? Don't the patients come again and again, and finally resort to some nostrum, or give up in despair? Cases of brachial neuritis remain cured after four and one-half years. Sciatica cured for four years. Do we get by drugs any better, more lasting results than these? Really, now, do any of us know any drug which is curativ in sciatica or other neuritis? With a good vibrator they can usually be mastered quickly. If the Editor and the brethren desire, in a subsequent article details of cases and treatment will be given fully.

HENRY WESTON BARNUM (M.D.).
Poughkeepsie, N. Y.

[Yes, Doctor, tell us just how you get the above results—don't hesitate to give *plainly* the minute particulars of your ***modus operandi*** in a given case. Do you use the vibrator on the spine for affections or symptoms distant from the spine? He who gets as good results without drugs as another doctor gets by the use of drugs, is the better doctor of the two. The only excuse for giving drugs is necessity. He who shows that drugs are not necessary in a given class of cases, is a benefactor to both humanity and the profession. Curing disease without drugs is a ***higher art*** than curing disease with drugs.—ED.]

Metrorrhagia.

EDITOR MEDICAL WORLD:—Seeing a communication in April WORLD, pages 162-3, by J. B. S., Ohio, asking for treatment for a case of metrorrhagia, I would like to suggest to him the application of stick nitrate of silver to the inside of the uterus, as advocated by Dr. Byford something over thirty years ago (see Byford on the Uterus, Lindsay & Blakiston, Philadelphia, 1871). I can testify that this treatment is good. I commenced the use of it in such cases soon after I commenced the practise of medicin, and have used it ever since. It has given me the most satisfactory results, where the cases are suitable, of any medicating I have ever done. It would be impossible in a short journal article to fully describe the procedure. I only desire to

Digitized by Google

call attention to it, and if the reader desires further particulars he is referred to Professor Byford's book as mentioned above.

A person to carry out this treatment needs a Byford caustic holder 8 or 10 inches long with flexible stem, a uterin sound, and a speculum. Sometimes he will need an Ellinger dilator, but not as a general thing. The uterus should be explored with the sound, to ascertain direction of the uterin canal. Then the stem of the caustic holder should be bent to correspond with the curve of a sound that will pass readily to the fundus of the uterus. It should be loaded with one-half inch of stick nitrate of silver, and we are ready for business. Insert it quickly and pass it clear to the fundus. If you are slow about it, the os will contract upon it and you will not get it in, and the effort for the time being will have to be abandoned.

If the os is flaccid (and I have generally found it in that condition where there has been exhaustiv hemorrhage), you will have no trouble in getting it inserted; but where the os appears to be too small or contracted, there is no objection to using an Ellinger dilator and stretch it so the instrument will pass. We want the caustic inside, and clear up to the fundus if we can get it there without using too much force. When fully inserted, there need not be any hurry about removing it. It may be left several minutes; in fact, Professor Byford says he has on several occasions pusht a piece of stick nitrate of silver clear inside the uterus and left it there to dissolve and come away with the secretions. It will do no harm. The pellicle it forms when it attacks a mucous membrane prevents deep penetration. It protects the deeper tissues. I usually leave the instrument inside the womb for a period of one or two minutes, then it is slowly and carefully withdrawn.

Shortly after the caustic gets inside the womb, the latter contracts into a hard ball or knot, and all hemorrhage is effectually checkt. On emergency I have sometimes done this operation without a speculum. I have seen cases where the blood was flowing from the uterus like water from a spring immediately stopt with a single application. Several women have claimed that I saved their lives in this way. Two of the worst cases I ever had were cured by a single application. They were never troubled with hemorrhage again. I would not expect to cure a case permanently with this application if there was a tumor in the uterus causing the hemorrhage; but I know of nothing I would sooner trust to stop the flow for the time being, if the symptoms were urgent.

Not having seen anything on this treatment in any recent medical journal, I believe the profession has in a great measure lost sight of it. This is my apology for calling attention to it. H. L. TRUE, M.D.

McConnelsville, Ohio.

Burow's Solution.

In April WORLD, page 172, there is a request for information concerning Burow's solution, and we confess our inability to give it. Shortly after, we saw an article on "Fatal Lead Poisoning from the Use of Burow's Solution," by William S. Gottheil, of New York, in the *Jour. A. M. A.* for March 26th. Since then nine of our good and watchful friends have sent us the information sought, some of them referring to the article above mentioned, and one of them sending a reprint of same. This is another gratifying proof that there are many acute minds and ready hands to help us in our service to the profession, and that what we do not know will be speedily and willingly supplied by others. The following is a part of Dr. Gottheil's article:

Liquor aluminii acetici crudus or Burow's solution, diluted, is so universally employed, especially in Germany, for the treatment of burn that quotation of authorities is unnecessary. There is, however, a radical difference in the formulas recommended, so that the preparation may be a clear solution of aluminum acetate or a turbid fluid containing an abundant precipitate of sulfate of lead.

Liquor aluminii acetici crudus, Burow's solution,* is made as follows: 95 parts of potassic alum are dissolved in 700 parts of distilled water, to which, when cooled, is added 151 parts of powdered "raw" lead acetate. This is filtered; 100 parts of the clear fluid contain 5 parts of aluminium acetate, with a little potassic acetate. No lead or other heavy metal is in the filtrate, as shown by the absence of precipitation on passing sulfureted hydrogen thru the fluid.† This is the formula of a number of authors; and von Notthaft‡ refers to liquor aluminii acetici as a clear, colorless fluid containing from 7.5 to 8 per cent. of basic aluminum acetate without either precipitated lead sulfate or any excess of soluble lead acetate.

Nevertheless, this same writer,‡ in giving the formula of Burow's solution, directs that 5 parts of crude alum and 25 parts of basic acetate of lead are to be dissolved in 500 parts of water, and then, saying nothing of filtration or decantation, adds the direction, "to be well shaken before using." This is proof positiv that the precipitate

*The latest German Pharmacopia does not use lead acetate in the preparation of liquor alumini acetate; but the older formula is the one still in common use here.

†Hager: Handbuch der Pharmaceutischen Praxis, 1903.

‡Taschenbuch, 1903, pages 137, 168.

Digitized by Google

is to be used. In this he is followed by a number of authorities, of whom I need mention only two as typical. Lang§ expressly prefers von Notthaft's formula, using the freshly prepared solution as a wet dressing. Luithlen|| rejects the new, i. e., filtration, methods for the preparation of Burow's solution, and states explicitly, "and the preparation is best used unfiltered, being well shaken before it is employed." Inquiry as to the practise in the medical institutions of this city reveals a similar difference. In some of them Burow's solution is always decanted or filtered or both before use; in others, including some of the largest, the sediment is carefully preserved as part of the lotion. The sediment, of course, is practically pure sulfate of lead.

Dr. Gottheil's patient suffered from an electric burn of hands, breast, and face. Burow's solution was applied, and in three weeks mysterious general symptoms arose, which in five weeks were diagnosed as lead poisoning, when the solution was discontinued, but in spite of all that could be done the patient died at the beginning of the eighth week. This is reported as a very rare case of lead poisoning from this cause.

In Duhring's "Cutaneous Medicin," Part II, Burow's solution is recommended "in acute eczema when there are edema and swelling and much weeping." It is stated "to be of much value in local relapsing, rebellious, acute outbreaks, especially where weeping is profuse."

Yours truly, A. G. LUDWIG.

St. Catherines, Ont.

Burow's solution, or liquor aluminii acetici of the German Pharmacopeia, is practically identical with liquor aluminii acetatis of the U. S. Ph. (*vide* National Formulary, page 77, 3d edition).

San Francisco, Cal. H. WORTMANN.

To Dr. Gottheil's suggestion of boric acid sol., I take the liberty of adding, for the editorial consideration, aq. ext. hydrastis canadensis, equal parts. V. MCR. SCHOWALTER.

Point Clear, Ala.

The above sums up our present information on this subject, and the same is presented with thanks to all who have come to our aid, and appreciation of the same.

§Therap. für venerische u. Hautkranke, 1899, page 108.
||Therap. der Hautkrankheiten, 1902, page 16.

Pneumonia?

EDITOR MEDICAL WORLD:—Regarding pneumonia, I can cite you one case; you diagnose it: Strong man, aged 35; cold three days, chill, fever 103, pulse 120, full, rusty sputum. No dullness, respiration difficult, and a few rales thru one lung. He recovered over night and had normal temperature, no more bloody sputum, but some cough and expectoration. I called it beginning pneumonia, stage of congestion. Am curious to know what you will say about it.

San Mateo, Cal. WOOD C. BAKER.

[Congestion; with spontaneous resolution, as you mention no treatment. Every pneumonia has congestion in its incipiency; but is every congestion a pneumonia? We think not. The possibilities of ready and more certain diagnosis will doubtless increase in the future. But in the meantime we need not fight over a name, or about what a given case might have become if not treated. Our duty is to treat vigorously and intelligently as soon as we are called to a case. This is more important than deciding on or agreeing on a name.—ED.]

A Pneumonia "Cure."

The following, which we copy in full from the *Druggists' Circular* for March, 1910, will be of interest to those who still talk of "curing" pneumonia. Small type is used, as the real medical value of the controversy is very dilute; but it presents our worthy contemporary, the *Druggists' Circular,* in a very favorable light.

Gowan's Preparation.—B. D. S., South Carolina, writes:

Can you give us the formula of Gowan's preparation, the external remedy for croup, colds, and pneumonia?

We remember that you have been askt this question before, and that you could not answer it, but perhaps you have found out more about it lately.

It may not be a preparation of merit, but it has a large sale in this section and the formula would be of interest to a great many druggists.

Yes, we have had inquiries about this "preparation" before, but it was a "cure" then—the food and drugs act not having been passed. In the *Circular* for January, 1906, page 20, we said:

Salve for Croup and Pneumonia.—In reply to a request from A. B.; North Carolina, for a formula for such a preparation, there was publisht in last month's *Circular* the following: "Do you not think it would be better to refer your croup and pneumonia cases to physicians?" A. B. cuts this out and returns to us with only this comment: "A very *bright* and valuable answer from a possible conceited health preserver."

We are aware of the fact that there resides in a town near the home of A. B. a railroad man who seems to have an idea that he has been "called" to put an end to pneumonia, and that he has placed on the market a salve which is to do more for patients suffering with this disease than all the colleges of physicians have so far been able to accomplish. This salve has been mentioned in the *Circular* before.

But we hold to the opinion of which we gave an intimation in the interrogatory note quoted, that is, that druggists should leave quack prescribing for pneumonia patients to railroad men, and the professional treatment of such cases to those who are prepared to give it.

A further note on the subject appears in the *Circular* for March of the same year, page 93, which follows:

Salve for Pneumonia.—North Carolina seems particularly interested in a "cure" for pneumonia exhibited in salve form. One reason for this may be found in the note on the subject appearing in the *Circular* for January, page 20. A North Carolina doctor wrote to THE MEDICAL WORLD for the formula of a nostrum known locally as a remedy for pneumonia and received this answer:

> The idea of a "pneumonia cure" is ridiculous. Tell your patrons that there can be no such thing. A *patient* with pneumonia must be treated according to indications, which vary in different patients, and from time to time in the same patient.

It may be interesting to compare this opinion with the one we exprest in the issue referred to; ours having been written before we had read the above.

Now, as to the something further which our

Digitized by Google

correspondent hopes we may have learned since 1906. In the *Journal of the American Medical Association* for May 9, 1908, is a query from a North Carolinian about "Gowan's Pneumonia Cure," and the following answer:

The results of an examination of this preparation in the American Medical Association's laboratory follow:

This preparation was not considered of sufficient importance to warrant an exhaustiv chemical analysis, as its general character, sufficient for all practical purposes, can be determined by a cursory examination. The "pneumonia cure" as found on the market is a brownish ointment, having an odor of camphor. When applied to the skin, or subjected to a temperature approximately that of the body, it becomes liquid. It is almost completely soluble in chloroform, indicating the absence of any appreciable quantity of water or inorganic constituents. Tests indicate that the base of the ointment is a fat. From these facts we conclude that "Gowan's pneumonia cure" is an ointment composed of some fat having a low melting point and containing camphor, and, if the statements on the label are to be given credence, a small quantity of opium.

This nostrum is recommended by the purveyors as a valuable remedy for local application, and it is said to be "antiseptic, nutrient, antipyretic, and diaphoretic." It is claimed that it will determin blood to the surface and relieve congestion. The base is said to be emulsified fats which are readily absorbed and the implication is made that the other constituents, also, are absorbed. It probably equals in therapeutic value the old-fashioned camphorated oil application. In common with other so-called "cures" sold to the public, its viciousness lies in the false sense of security its use engenders.

All of which seems to show that our answer of December, 1905, which brought such a stinging retort from A. B., was a pretty good one, notwithstanding.

Pulmonary Blood Vessels in Pneumonia.

DEAR DR. TAYLOR:—I have read the April WORLD with great interest. There is one thing which you have of course noticed in Dr. E. Gray's article on aborting pneumonia. He is describing congestion or commencing broncho-pneumonia. In acute pneumonia there are none of the changes as seen in the web of the frog's foot. There is no diapedesis of leucocytes or stasis of the blood current, and the capillaries are dilated, not contracted as he says. When a man starts out to teach others, he should know his subject well. I have studied this matter for twenty-five years. I have always taught that acute pneumonia is not a true inflammation as we understand it. I have some beautiful specimens where death took place with the lungs in the first stage, which show the dilated capillaries well. You will pardon my calling your attention to this, which is apt to mislead, as I see you have noticed it; and his treatment by putting more steam onto dilated capillaries would be apt to produce more rusty sputum than would be good for the patient. When will men realize that in treating any disease it is of vast importance that they know the exact condition of the part affected?

Detroit, Mich. HENEAGE GIBBES, M.D.

[We thank Dr. Gibbes for his observations. He is a master pathologist, and can frequently help us to get our pathology right. However, there has been so much feeling about this subject of aborting pneumonia that I determined to let the "abortionists" have free rope.—ED.]

Prospering.

EDITOR MEDICAL WORLD:—I have noticed in recent issues of THE WORLD considerable talk about the younger members of our noble profession displacing the elder seasoned men. My experience is that the young and recent graduates are falling by the wayside. At least 95 per cent. of commercial salesmen calling at my office, representing drug and book houses, are bright, intelligent young doctors.

I presume I am classed with the older men in harness. Well, my business has increast yearly since '88. I have always welcomed, but never feared, a newcomer. In April, '88, my books show business for the month $1; my books for March, 1910, show business $932, and I expect to increase steadily. LIONEL C. CHARBONNEAU.

Brooklyn, N. Y.

How I Have Gotten Along in a Small Town.

EDITOR MEDICAL WORLD:—I promist you some time ago that I would tell you how I have made out in a little town of less than two hundred inhabitants. It took the first five years of my work in this place to square me with the world, as I was heavily in debt when I graduated, and had to depend entirely upon my own resources. This kept me anxious to succeed, and when I was not busy with my cases I was busy reading everything I could find on those subjects, so that I could give them the very best possible attention. I also read a good deal on the cases I was going to have. I remember making it a rule that whenever I was engaged for an obstetric case to read my obstetrics thru from beginning to end; this has been of great service to me since. It has a better effect upon a community to know that their doctor spends his spare time reading something that will be a benefit to him and to them.

I spent the first money I could get in building an office and barn, so that I could save the money I was paying for rent; and this was the beginning of my accumulations. I had to go in debt some, but my interest was not nearly so much as my rent; and in a few years I was out of debt, owned a nice home with all

Digitized by Google

modern conveniences, such as gas and water in the house, barn, and office.

It was not long until I had a little surplus, and for fear I would be tempted to make some foolish investments, I purchast a farm, going in debt for two-thirds of the purchase price; this kept me from making any foolish investments, because I didn't have the money. There were 160 acres in this tract, and it took me three years to finish paying for it; but I found the farm of great benefit to me in helping me to collect my bills. I bought pigs, calves, and colts on bills, and corn and hay, and by having this feed given to this stock they would bring more than the original bill. I have raised my own horses, and last year sold a surplus which brought me $700, besides leaving me four to use in my winter practise. I use an automobile in the summer.

Last August I purchast another farm of 80 acres, so you can see I have not stopt yet. Some of your readers will say, he has some special snap; or charges exorbitant prices, etc. I have done this in spite of some of the meanest competition any man has; men who will put out a 4-ounce cough mixture for 10 cents; will drive nine miles for $2, and will solicit obstetric practise by offering to do it for $7.

In addition to this I have taken post graduate work at two different times, besides buying all the new books I have time to read.

I have a microscope, centrifuge, etc., and use them.

I have my second automobile now, which I use in the summer when the roads are good; when the roads are not good I use a cozy cab, and take the very best possible care I can of myself.

I dispense my own medicins and shall continue to do so as long as druggists sell patent medicins and do counter prescribing. Some of the most obstinate cases of gonorrhea I have ever had were first treated by druggists.

Dr. Taylor, it worries me for M.D.'s to be asking for the formula for this medicin or that medicin. I would not give a snap to know. We have our materia medica, and if we will try hard enuf we can find out a great deal for ourselves. My idea is that too many doctors dispense too many proprietaries, and a good deal of their hard earned money goes that way. Then, again, a great many men enter the profession thinking it is easy; but if rightly and profitably followed, it is the hardest work in the world.

I think the greatest enemy to the medical profession is the profession itself. It is an awful thing for doctors to be cutting prices to obtain more business, when they already have more patients than they are looking after properly. R. C. PEARE.

Ky. School of Medicin, 1891.

Bellmore, Ind.

Fees Too Low.

EDITOR MEDICAL WORLD:—Been practising for four years. First two years railroad contract work, and last two years general country practise at my present location. I average only $55 per month. My territory extends for about seven to ten miles in any direction.

Now, what I would like to see in your valuable journal is, *fee tables* and the *average monthly accounts* of *country physicians*. Having been a telegraf operator from early manhood up to five years ago, I am hardly satisfied with a smaller income and the harder work of a physician. In this county we charge fifty cents per mile, day visits, and sometimes extra for night calls. Normal labor case $7.50 anywhere in territory without mileage, night or day—and as we are all aware, most of these cases are at night and when the weather conditions are anything but pleasant.

We are without a County Medical Society, consequently the five physicians in the county seldom meet, and have no uniform nor revised fee table to meet the present high prices for farm products.

VIRGINIA.

It is convenient to know that silver nitrate stains can be removed from the skin by painting with tincture of iodin and then remove the iodin with aqua ammonia.

F. A. C.; IOWA.

California With the Glamour Off.

EDITOR MEDICAL WORLD:—Most eastern physicians have at some time during their professional career had a yearning for sunny California, and have mapped out either a trip to the coast, or done some calculating and fine figuring as to the advisability of locating there for the practise of medicin. I was one of the many who took the matter under advisement, and with regrets must admit that the subject had such an alluring aspect that in a moment of

Digitized by Google

spasmodic enthusiasm over the matter I sold property and location, and with a few thousand dollars and a family who were rather apprehensiv as to the outcome of selling our home and burning the bridges behind us, left for that highly idealistic state of oranges and sunshine, combined with flowers. I would say that I had made a trip there previously, and to my ultimate regret passed the state board, who, I must say, gave a fair, up-to-date examination. With a most sanguin feeling as to my ability, and with all confidence in my hustling abilities as to getting a location and practise, gauged by my experience in the eastern states, I landed in Los Angeles. For about a month I put in my time and money touring the vicinity and sightseeing, and the more we saw of the beauties of the cities and larger towns, the more we became enthused over our anticipated future. However, in my endeavors to locate I soon came to the realization of the fact that California is the grand dumping ground for all sorts of professional people, not to mention others. In Los Angeles I found Oriental fakirs who sold medicins and gave examinations free; also quacks of all denominations, who evaded the stringent medical laws by all sorts of wrinkles, and innumerable M.D.'s with the essential papers, but financially stranded in every sense of the word, who eked out a scanty living by all kinds of dickering. We found that every little village would have at least three or four doctors, where only one could by any possibility make a living; and many doctors who have endeavored to "make good" have become financially embarrassed to such an extent that it is pitiful.

As for fees, never in some twenty years' practise have I ever seen so much cutting as I have seen here. It is literally "bargain day" every day in the year among average physicians. While we allow specialists to have a set price, yet even among them there is a decided cut. Speaking of the average practician, he is up against the problem of making a living when he locates in California. And while the climatic effects are all that could be desired by one who has bronchial troubles or who has tired of the cold wintry drives east, yet there is not that clean-cut air here that you get east; it is electrically dry and dusty, and you are often inclined to wish that you could get a breath of the twangy air of the east, even tho it be tempered with some of the storms that you used to worry over.

Living expenses are not so very much higher here than in the east, but with the limited income that you get you feel as if you could not indulge in what you would call ordinary things east. As to the question, "Does it pay to locate in California?" if you have the semblance of a practise east, even with the competition that comes from one or two competitors, my advice is to stay east; stay right by your guns; *unless* you have at least $10,000 cash, and a small family, and care to spend your money. Then come here and spend it; you will find it so easy. You can buy an orange or lemon grove at one or two thousand an acre that will secure you an income. But unless you have the money you are taking great chances on making even ordinary expenses. Too much competition. I could mention several physicians from the east who have located in California who were of some standing and financially good in their eastern location, who have come down to the trials of life here, and who look at a 5-cent piece earnestly before letting it go. All this is not talk; these are facts. As I think of a man of 50 leaving his location where he has lived for years, and where he is certain to get at least a living, and also the respect of the community, and coming out to California for the reverse, it makes me feel as if I would like to talk to him personally, and endeavor to deter him from such a step. While California has flowers, and no wintry weather, yet you have the dense fogs, the chilly damp weather, and the electrically dry air to contend with, and it is not everybody who can stand the combination. If you have a fairly decent location east, stay there; and to give you heart for so doing, I would advise you to read page 140, April issue of THE MEDICAL WORLD. Lots of wisdom in it. Yours for the old doctor's betterment. "EXPERIENCE."

The Negro and Tuberculosis.

EDITOR MEDICAL WORLD:—I have been reading "many and grievous things" about pellagra and the hook-worm, but there is a "Mordecai sitting at the King's gate" whose presence keeps my mind diverted from the above diseases. I refer to tuberculosis among the Southern negroes. They are dying in this section of Mississippi at a fearful rate. If it be a fact that one afflicted with tuberculosis may infect others, the whites of the South may as well begin to prepare to "stand from under." It is surprising how soon the negroes succumb

Digitized by Google

to the disease. They don't ask for a greater length of time than three or six months to "pass out." As "distance lends enchantment," I am enchanted over this pellagra and hook-worm howl, but my breathing and pulse are somewhat accelerated when I see so many negroes dying around me of consumption.

Hohenlinden, Miss. A. C. GORE.

Homeopathic Treatment for Cold Sores.

EDITOR MEDICAL WORLD:—On page 129, March WORLD, in regard to cold sores, or herpes labialis, I have always considered them of malarial origin, and have cured them with arsenicum alb. and natrum muriaticum, 200th potency (Boericke and Tafel). I give them alternately every night for one week, then rest one week, then again for one week, and rest two weeks, then again for one week and rest three weeks, and so on for two or three months. I have never failed in a single case. See "Leaders in Homeopathic Therapeutics," by E. B. Nash (Boericke and Tafel). J. A. SAPP.

Salineville, Ohio.

Ichthyol for Boils.

EDITOR MEDICAL WORLD:—On page 75 of THE WORLD for February, 1910, "Texas" asks for help in treating a young lady for boils on her face. You suggest the use of calcium sulfid and local steaming. I have had a good deal of experience in treating cases of this kind, and believe I have seen some good from the use of calcium sulfid if pusht to saturation. I do not believe local steaming is worth the effort. In fact, I believe it is harmful. I have had better results from the use of ichthyol than from any and all other medicins. As a rule, the patient can tell a day or two before the boil becomes visible to the eye, when one is coming, from a soreness deep under the skin. As soon as one of these places is detected I direct the patient to apply ichthyol, full strength, to the skin over this sore spot, and repeat the application several times a day. Usually in a day or two the soreness is gone, and no boil comes. If a boil does come, I continue the applications of the ichthyol till the boil disappears. Sometimes a small amount of pus forms, and if so it must be taken out by a small opening.

The next aggravated case of these boils I am called on to treat, I am going to use the combined staphylococcus vaccine, made by some reputable firm. I hope "Texas" may have his patient cured before this reaches his desk; but if not, I hope he may have as good results from ichthyol as I have had. F. H. BROYLES, M.D.

Bethany, Mo.

Spinal Treatment for Whooping Cough.

EDITOR MEDICAL WORLD:—The following simple method has arrested the paroxysms of whooping cough in a number of patients in from three to seven days: Place a pleximeter upon the spinous process of the seventh cervical vertebra and strike the pleximeter a series of moderate blows with a percussion hammer. The number of blows is of little moment, but the blows must be as strong as the child can tolerate without flinching. Some of the mothers accompany the blows with a nursery rhyme or song to interest the child. In the absence of a pleximeter and percussion hammer, a strip of linoleum and a tack hammer will suffice. To avoid cutaneous irritation, cotton may be interposed between the spinous process and the linoleum. Each seance during the interparoxysmal period should last five minutes, thrice daily, and the harmless method may be executed by the mother or nurse. The undersigned is desirous of collecting reports on this method of treatment from his colleagues; and to test the efficiency of the treatment it would be well to note the number and severity of the paroxysms before and after treatment in each patient.

The undersigned will explain the rationale of the method in a contemplated contribution, and will appreciate the reports sent to him by his confrères.

This method has also succeeded in some cases of laryngisimus stridulus.

DR. ALBERT ABRAMS.

246 Powell St., San Francisco, Cal.

To THE MEDICAL WORLD:—In answer to inquiry of Dr. J. W. Graham, of Highland, Kan., I would suggest calcium sulfid. 3d potency trituration, 3 grs. four times daily. Will be glad to communicate with the Doctor at any time concerning his trouble. M. J. BUCK, M.D.

Pittsburg, Pa.

[This matter must remain chiefly between Drs. Graham and Buck, for *where* (what issue and on what page?) does Dr. Graham's inquiry occur? I am going to quit hunting these references up, so that

Digitized by Google

correspondents will realize the importance of mentioning the page when it is right before them.—ED.]

Quack Remedies for Gall Stones.

EDITOR MEDICAL WORLD:—The Pinus Medical Company, 620 to 624 West 9th Street, Los Angeles, Cal., put up two preparations called "Fruitola" and "Traxo," and guarantee to remove gall stones the size of a hickory nut therewith. Every patient who takes the "Fruitola" passes a large number of oliv green lumps in a copious watery stool. These lumps (which I take to be scybala), the advertising literature calls partly dissolved and softened gall stones, and the laity fully believe them to be the stones. The above nostrums have had and are still having a wider spread influence in this locality than any patent medicin I have known of in my fourteen years' practise. Can you or any member of "the family" tell me the composition of these nostrums? and what their action on the intestins can be that will produce the phenomenon that invariably takes place, namely, the oliv green lumps which range from pin-head size up to a horse chestnut in size? C. T. FOSTER.

Rock Island, Ill.

[It is well known that the rather free ingestion of oliv oil will produce *exactly* the phenomenon above described. For that reason, oliv oil in quantities of from two to four tablespoonfuls per day has had a "vogue" as a remedy for gall stones at different times and in different places. We have several times in past years explained this matter, and now do so again. Try oliv oil as above stated, any time, on yourself or any one else, and wash the stools, and you will see what *doctors* formerly thought were gall stones. The above nostrums doubtless have oliv oil in them, or stearin in some form, that will form the above-described little bodies in the stools. Explain this to any intelligent patient, followed, if necessary, by a demonstration with oliv oil, and the mystery will disappear and the patient will realize that the medical profession knows more than quacks.—ED.]

Bedbugs as Infection Carriers.

EDITOR MEDICAL WORLD:—I want to hear from the profession on the bedbug as a means of typhoid infection. I am fully satisfied that the bedbug is a factor to be considered in infectious fevers, especially typhoid and malarial. Some two years or more ago I wrote an article on the bedbug as a means of infection in fevers. Experience for the last twenty years has given to me some valuable information on this subject, which I have in the shape of bedside notes. JOHN F. HALL, M.D.

Arley, Ga.

[There have been occasional references to the bedbug as a possible carrier of infection, at various times, in medical literature; but we do not know that any thoro or scientific investigation has ever been made of the matter in so far as concerns typhoid fever. To the bedbug is assigned the responsibility of carrying *kala-azar*, a protozoan, malaria-like fever of the tropics. Chronic dysentery, "Rocky Mountain fever," yellow fever, rabies, scarlet fever, measles, and chicken pox are protozoan diseases. If the pest carries one, he might well be able to carry others.

Perhaps some of the family will be able to refer to some specific article along this line.—ED.]

Comments.—Periodical Inebriety.

EDITOR MEDICAL WORLD:—Your editorial in the April MEDICAL WORLD, entitled "Harsh Criticism," is most excellent. No one with even a modicum of good sense could fail to appreciate it and profit by it. It should be preserved and perused once a month by the "fire eaters," and could be digested with profit at longer intervals by all correspondents and controversialists. Calling names is not argument; and as the object of argument is to convince those of the other way of thinking that you are right, the gentle and logical method is the only one that gives hope of success. Then there is the almost ever-present possibility of being wrong one's self, and a fair-minded man is every bit as eager to be set right himself as he is to bring the light to others.

The "Michigan brother" (page 143) who asks if in spite of your advice, is it not really necessary to have a little bitter experience to appreciate it and profit by it, touches a vulnerable spot in our mental armor. Benjamin Franklin is credited with having said that experience is the dearest teacher, but that fools will have no other. It is given to very few to learn the practical lessons of life from any other teacher. When a class of brain workers are as stupid in a business way as are physicians, who usually utterly neglect prompt charges and collections, it is illogical to expect of them business sense regarding investments. They

Digitized by Google

must first be taught the business side of practise. This is an opportunity for a "business" chair in the medical colleges, and work for the county societies. The hospital and dispensary abuse should also be activly combated. Ours is the only profession that continually, in its normal work, strives to make itself unnecessary. Then why permit ourselves to be imposed upon by treating gratis in hospitals and dispensaries those able to pay, just so that these institutions in the race for state appropriations and charitable bequests may vie with one another to swell the attendance record of patients treated free? Rectify those fundamental faults, and there will not be much left to tell the doctor in the way of "business talks."

"Missouri Doctor's Wife," on page 165, wants a cure for her husband's periodical inebriety. I feel very confident that he can be cured with very little trouble if she will induce him to adopt a plan that I have used repeatedly with unvarying success whenever I have had a patient willing to try it. Put him to bed and keep him there for three days, as soon as he feels the craving for drink coming on. Give him 10 grains of bromid of sodium thrice daily, say after meals, and a third one at bedtime if still restless. Also give him ¼ to ½ grain of extract of nux vomica before each meal. Keep the bowels well open, and take a daily warm bath. At the same time give him plenty of good nourishing food, sunlight, and plenty of easy reading. To all comers say that he is sick, and do not permit him to attend to any practise. Three days of this will make a new man of him. Repeat the treatment as often as it is indicated. If he has a medical friend within reach, let him supervise it. This has been my plan of treatment for more than twelve years. One of my latest cases was that of an activ, high-strung, young business woman, whom I treated once on the verge of delirium tremens, and later prevented an oncoming attack by the above treatment.

A. H. P. LEUF.

2034 Arch St., Phila.

Homeopathic Treatment for Egg Idiosyncrasy.

EDITOR MEDICAL WORLD:—Having been in "deep water" often myself, I can appreciate the drowning brother grasping the proverbial straw. Hence, I take great pleasure in referring Dr. H. T. Wright, of El Paso, to remedies that will surely help his patients if properly applied. Fer. met. and colch. are the two best known remedies for aggravation from eating eggs. If the patient is weak, delicate, chlorotic; face, lips, and all mucous membranes are pale, which become *red on the least pain, emotion, or exertion;* menses too early, profuse, and too long lasting, with fiery *red face,* and always feels better by walking slowly about, then fer. met. will correct her stomach and she can eat all the eggs she wants. Or, if the patient is a rheumatic, with pains that are drawing, tearing, going from left to right, worse in warm weather, and the *smell painfully acute*—especially for *cooking food,* then colch. will cure her. Page 282 Boenninghauser's Therapeutic Pocketbook will give more light on the idiosyncrasies of diet. No physician is thoroly equipt for the battling of diseases without this book. Homeopathic medicins will cure any case of stomach trouble that ever existed, if taken in time, cancers not excepted.

GABRIEL F. THORNHILL, M.D.

Paris, Texas.

[After going over the above letter, I lookt over the Table of Contents of April WORLD to insert the *page* upon which the article referred to occurs. Not finding it I glanced over the March Contents with a similar result. So without looking further I will AGAIN ask *all* contributors to *always* mention the *page* upon which articles referred to occur. The reader has a right to this information without having to search for it. For too frequently *I* have to do the searching in the interest of the reader who may wish to refer to the original article. If every writer will realize that his readers will wish to turn to the article to which he is replying, he will make it easy for them by *always* mentioning the page.—ED.]

Western Locations.—A Word to Beginners.

EDITOR MEDICAL WORLD:—A short article on page 158 of the April issue, entitled "The First Year in Practise," has inspired me to hit the keys for a few minutes, and if you think my experience is worth publishing, you are welcome to it. Perhaps it will encourage the young men coming from school this spring to seek country locations.

I graduated last May, and after taking the necessary state board examinations, settled at this place, 42 miles from the nearest railroad station, which is Englewood, Kan. I have a territory here of about 30 square miles, a family living on every quarter section. My first month's business amounted to $225. It dropt off some during the

Digitized by Google

summer, but pickt up considerably this winter, and now, with ten months' work put in, I have $1,000 on my books, a fair stock of medicin, besides supporting my family of mother, wife, and three children. Now, I am not exceptionally well qualified either in personality or intelligence—am just a poor stick out here in the country trying to make a living and learn something. Any young man of ordinary intelligence can find as good a location as this in this western country, and I am sure can do equally as well, if not better, than I have done. I have certainly had my share of experience and hard knocks, and am sure I have a few things pounded into my cranium that will never leave there. I figure that when I collect up this fall I shall be in shape both financially and from the point of experience to seek a location in a railroad town, which it is my intention to do. Don't get discouraged, but come to the country, would be my advice to those just starting in. L. L. BUNKER, M.D.

Clear Lake, Okla.

"The Breeding of Humanity."

EDITOR MEDICAL WORLD:—With regard to this subject brought forward by Dr. Mayne in the March number of your valuable journal (pages 123–4), I think the Doctor takes several things for granted which are as yet, and will be until we have much more definit data and statistics, subjects for discussion. I shall satisfy myself in the meantime with suggesting to the Doctor to read, if he has not already done so, Huxley's lecture on "Evolution and Ethics" and his prolegomena thereto. For the benefit of those interested in this subject I would like to make the following quotation from the preliminary notes:

In a large proportion of cases crime and pauperism have nothing to do with heredity, but are the consequence, partly of circumstances and partly of the possession of qualities which under different conditions of life might have excited esteem and even admiration. It was a shrewd man of the world who, in discussing sewage problems, remarkt that dirt was riches in the wrong place; and that sound aphorism has moral applications. The benevolence and open-handed generosity which adorn a rich man may make a pauper of a poor one; the energy and courage to which the successful soldier owes his rise, the cool and daring subtlety to which the great financier owes his fortune, may very easily, under unfavorable conditions, lead their possessors to the gallows or to the hulks. Moreover, it is fairly probable that the children of a "failure" will receive from the other parent just that little modification of character that makes all the difference. I sometimes wonder whether the people who talk so freely about extirpating the unfit, ever dispassionately consider their own history. Surely one must be very "fit" indeed, not to know of an occasion or perhaps two in one's own life, when it would have been only too easy to qualify for a place among the "unfit."

This quotation appears to me to afford so much food for thought that I shall at present refrain from making any comments of my own. A. F. MCKENZIE.

Monkton, Ont.

Tucker's Asthma Cure.

EDITOR MEDICAL WORLD:—Dr. S. M. Hibbard (see page 180, April WORLD) will find formula for Tucker's Asthma Cure on page 526, December WORLD, 1908. I never use such stuff. I have gotten good results from Lloyd Brothers' products, last using spe. med. euphorbia (asthma weed). The treatment must depend on what causes the asthma.

Since reading your "Across the Continent," in September WORLD, 1907, I have been actuated by a desire to take a vacation and to see the golden West; so will leave tonight to join my wife and son, who have been spending the past winter in Los Angeles; going now so my neighbor physician can get off on a vacation on my return.

St. Matthews, Ky. J. A. BRADY.

For the benefit of those who may not have the December number, 1908, at hand, the formula is here repeated:

During a recent suit for libel, instituted by the British agent for Tucker's asthma cure, the plaintiff admitted that the nostrum contained one and one-half grains of cocain in each fluidounce. An analyst to the home office gave the following as the result of his analysis of the preparation:

Cocain	2.28 gr.
Atropin	0.87 gr.
Sodium nitrate	0.25 gr.
Glycerin	20% to 30%
Benzoin	a trace
Silica	a trace
Magnesium	a trace
Water, enuf to make	1 oz.

—Druggist's Circular.

Army Itch.

EDITOR MEDICAL WORLD:—I see on page 173, April WORLD, an inquiry for a prescription for what is headed pruritus hiemalis (winter itch) signed North Carolina. This is what the southern soldiers were afflicted with, and for want of a better name it was called army itch. It has never received any other name so far as I know. The description is a good one for this trouble. It disappeared about 1867, and we were not bothered with it until

1898; since then we have had more or less of it every year. We have been very successful in its treatment. I have found but one preparation that has any affect on it. It will cure that kind of itch in a very short time.

℞

Calomel	ʒ iij
Ammoniate of mercury	ʒ iv
Biniodide of mercury	gr. v
Carbolic acid	ʒ ij
Pulverized camphor	gr. xx
Glycerin, pure, q.s., ad	ʒ viij

Put the carbolic acid and camphor into an 8-ounce bottle, shake well, and let stand until the camphor is dissolved; then add the other ingredients. Mix well. Apply it to the parts twice a day, just enuf to dampen the parts well. W. H. YOUNG, M.D.

Booneville, Ark.

To the Old Brothers.

EDITOR MEDICAL WORLD:—Whence originated the pueril hubbub about the old doctor being displaced? It sounds very much to me as if it was started by some upstart in the profession on the principle of the old cry, "Stop thief." It is wonderful how easily the laity can be swayed. So if this idea can be kept going, they will soon think it a fact, and not only that, but the old doctor himself will be led to believe it. No such stuff! I am just rounding out my thirty-second year of practise, and I am not displaced. Brace up, old brother. Don't get discouraged. Go on in the even tenor of your way, and give 'em the best you've got. Attend all calls promptly. Don't go about grunting. Keep your office and driving outfit in presentable shape. Let your little grandson sell your microbe-laden Kelly pad to the junkman. Pay lots of attention to your diagnosis. Wash your fever thermometer and tongue depressor before and after using (in presence of patient), and wipe with a clean napkin. Don't neglect those nice little details. Use a judicious (note *judicious*) amount of "sapo mollis" and "hotum airum." Last but by no means least, take and not only take, but *read,* two or three good medical journals, letting THE WORLD head the list. Then if you still feel as if you were being displaced, there is no use of your moving to another location for the purpose of practising medicin. Move onto a chicken farm. GRANDPA; ILL.

Dr. C. M. Jackson, of Smithville, Ind., writes: "THE WORLD is worth many times the subscription price to me, and as long as I can raise a dollar a year I will not be without it."

Citrate of Potassium for Renal Calculi.

EDITOR MEDICAL WORLD:—I notice on page 164, April WORLD, that "Kansas" is seeking help in a case of renal calculi. I have treated several cases of renal calculi and got the best results with potassi citrate, dram 1, well diluted, every four hours. Doctor, after trying the prescription offered you in THE WORLD, try this one, and I think you will be gratified with the results.

Butler, Mo. J. M. SMITH.

Are Colored People Specially Susceptible to Cannabis Indica?

MY DEAR DR. TAYLOR:—Have used Lloyd's Specific Cannabis Indica a great many times and always in 10-minim doses, and never with any untoward results till just lately I had all the evidences of an overdose of the drug in two cases, and both these were colored women. Now, will you kindly publish this, that some member (preferably from the South, who has an extensiv practise among colored people) may state if he has noticed whether or not idiosyncrasy plays any important rôle in these two cases?

In regard to whooping cough, try succus solanii and you will be pleased with the results. J. A. WASKA, M.D.

Chicago.

Two Asthma Cures.

EDITOR MEDICAL WORLD:—Relativ to the inquiry in April WORLD of S. M. Hibbard, M.D., concerning "Tucker's Asthma Cure," page 180, I wrote the *Jour. of A. M. A.* last year, and they referred me to the "Massachusetts State Board of Pharmacy," who had analyzed it and found it a cocain preparation, and I believe stopt the sale of it in that state. An analysis was also made in Great Britain with, I believe, the same results. No doubt the inquiry of E. A. Montague, page 179, relativ to "Peterson's Asthma Cure," made in the same place (Mt. Gilead, Ohio), is on a par with it.

M. E. PROCTOR, M.D.

Upper Jay, N. Y.

Enuresis, Etc.

EDITOR MEDICAL WORLD:—I can hold my peace no longer, when I notice some treatment given for enuresis to help Drs. Barclay and Hutto. I have as yet to fail in curing those cases with equal parts of salol and boric acid thoroly mixt. Give about what will lie on end of table knife ½ inch back, before meals and at bed time.

Digitized by Google

I have recently cured a case of a young man 18 years old, who had wet the bed all his life. They had tried other treatments till they became discouraged and quit. In less than 60 days I discharged him cured. It is the most simple yet most effectual of any I ever used.

Doctor, I would like to hear some discussion on the new theory of oxyodization. Some of our brothers have purchased oxolene, or oxyodene machines. If they are a good thing I would like to hear them speak out in meeting. They talk about automobiles and motorcycles; let's hear something of these, and what they are doing.

Now, Dr. Taylor, in your Talk on religion, you make the statement that "if any one religion known to man were competely wiped out, much would be left." I would like to ask, if it were the religion of our Lord Jesus Christ or the Christian religion, then into what degraded states of civilization could we expect to go? How have those people of other gods kept pace with the Christian religion? Where do we find our greatest civilization? Among the Buddhists, Mohammedans, Confucionists, etc., or the Christians? If their gods are greater than ours, why do they not lead them out from under such blood-curdling and ignorant practices?

Dayton, Ohio. DR. L. R. EMERICK.

[We know nothing about the "oxolene" machines. Why do men, straight on other subjects, go crooked on religion? I said, "much would be left." And if you read my complete remarks again, pp. 137–8, you must so conclude. I made no such comparisons nor statements as you intimate. Some people cannot read nor think on religious subjects in a straight line. Yet they are the persons who raise funds to send missionaries to proselyte those of other religions. And they are the ones who see only the *worst* of other civilizations, and only the *best* or ours. It might surprise some to hear the comments on the civilization in Christian countries by some of the scholars of Japan, China, and India. Can you blame them if they do the same thing: see the best in their civilization and the worst in ours? Why can't we appreciate the good in all, and condemn the bad in all? We will never be truly and broadly civilized until we can do this. No, we would not go into "degraded states of civilization." The effect of religion on civilization—that is, the *good* effect—has been greatly exaggerated. Science has done much more for civilization than any religion.—ED.]

Aconite and Veratrum Locally.

EDITOR MEDICAL WORLD:—Sometimes a little thing is worth considering. Patients often have an inflammation at the root of a tooth, which if it continues, will cause an abscess. A little tincture of aconite, diluted with water sufficiently to avoid the annoying tingling, applied frequently to the gums will often entirely relieve the soreness so that the tooth may later be filled. The tincture of veratrum viride, or of aconite, applied to boils and inflamed pimples, herpes, etc., will often abort them. I have aborted felons with a local application of veratrum and phytolacca. Possibly the latter had no effect. Veratrum v. is a useful local application in facial erysipelas, diluted with water sufficiently that the alcohol will not irritate. Both these drugs have a decidedly curativ effect on all local inflammations, either applied locally or given internally. Aconite in minute doses, taken at the beginning of a "cold," will abbreviate the attack. F. J. BOUTIN.

Coyle, Okla.

Malaria in the Old Days.

Dr. E. T. Lewis, of Erin, Tenn., sends a description of malaria in the old days, when forests and lagoons covered the land. While he does not deny that the mosquito can transmit the poison, he questions where the mosquito got the poison. He is inclined to think that the poison exists in stagnant water, and that drinking poisoned water is a prolific cause of infection. Instead of being called malaria, he thinks it should be called mal-aqua.

He says, "To-day the land is all cleared and cultivated, lagoons all drained, the people the healthiest set in the world, and doctors starving to death; and when a chill occurs it means something other than malaria."

Probably Saved by Early Application of Forceps.

EDITOR MEDICAL WORLD:—On the morning of January 3d I received an urgent call to visit Mrs. G., who had fallen from a high chair to the floor, and as she was in her eighth month of pregnancy and a certain amount of hemorrhage had occurred, the

Digitized by Google

family were quite alarmed. After reaching the bedside and making a digital examination, I ordered rest in the recumbent position. Returned in a couple of hours, and finding very little change except slight pain, I prescribed an opiate and left the house. Returned again in three hours, and as the os was dilated to the size of a twentyfive cent piece, I decided to remain and see her thru.

I might say here that Mrs. G. is the mother of nine children, and never had a physician in attendance at such times but once. When urging her to help her pains, she declared time and again that she had none, altho the os was gradually dilating, so that by 8.30 p. m. it was dilated sufficient to admit the blades of the forceps; and as she was anemic in appearance and weak, and as labor was progressing so slowly, I advised the use of the forceps, which the patient and the friends readily acceded to. I had the patient placed on her side with the hips well over the side of the bed; but on attempting to apply the forceps the head of the child moved upward and away from the os so easily that I found it rather difficult to put them on. I had to make the third attempt before succeeding, and each time there was such a gush of blood and clots that I was fearful of losing my patients before I could deliver her; in fact, the floor had the appearance of a slaughter house.

As soon as the child was brought into the world, I introduced my hand into the uterus and found the placenta almost wholly detacht. After removing it and the large amount of clots, administered stimulant and ergot, lowered the head and elevated the foot of the bed. I found it necessary to remain for several hours on account of threatened heart failure. She made a good recovery, altho very weak. I report this case as it is the only one of the kind that I have met with in a practise of over forty years. Several years ago I had a case of placenta praevia (central) which I was fortunate enuf to pull thru. In conversation with a brother practician some days ago, I related Mrs. G.'s case to him, when he said that he had a similar case six months ago, but was unfortunate enuf to lose her; and he considered my success due to the early applications of the forceps.

Toronto, Can. A. NOXON, M.D.

"Roman Eye Balsam" contains ¼ grain of morphin to each ounce.

Homeopathic Treatment for Gall Stones.

EDITOR MEDICAL WORLD:—In March issue, page 105, Dr. Thomas Buchanan, of Belmar, Ayrshire, Troon, Scotland, asks for the homeopathic treatment for gall stones. "Will our homeopathic brethren reply?" you say. "Perhaps they will say that they have no treatment for gall stones—that they treat every patient according to the indications in each particular case."

Your "perhaps" is good enuf as far as it goes, but it is placing the inquiring brother in darkness when he is seeking light. If you are familiar with the philosofy of the homeopathic law of cure as promulgated by Samuel Hahnemann, you well know that to properly answer the question so one not versed in the law could comprehend and intelligently use the treatment would require many pages or volumes, and many days of hard work. With the help of God I will try and direct the brother where he may find light. To thoroly comprehend a homeopathic prescription one should first familiarize himself with Organon of Medicin, by Samuel Hahnemann, Hahnemann's Chronic Diseases and Materia Medica Pura; Hering's Materia Medica, by Farrington; Kent's Materia Medica; Special Pathology and Therapeutic Hints, by Raue; Practise of Medicin, by Jousset; also The Chronic Miasms Psora and Pseudo Psoro, by J. H. Allen. The above are a few of the many useful books from which we obtain the knowledge the brother asks for in his question, but this is obtained only by unceasing meditation and research, careful observation and most accurate application.

In homeopathy we have no specific treatment for any known disease; we prescribe for or treat not the name of any disease. We prescribe for the patient, to correct and remove all abnormal conditions found disturbing the harmony of the body, and thus restore him to health.

For gall stones there are many very useful remedies. The most frequently indicated remedy would possibly be chionanthus, 3 to 5 drops in a little warm water before each meal. A proving of this drug was made some years ago in the homeopathic department of the University of Iowa. Have found lycopodium 12xD to 30xD frequently indicated and followed by permanent relief. Lachesis 12xD to 30xD has brought thru the most desperate cases it has been my privilege yet to witness. Chelidonium majus 3xD, colocynthis 3xD, bryonia alb. 3xD, chenepodium anthel 3x.

Digitized by Google

calcarea carb. 30xD, china off. 3xD, and many others I have used with excellent and permanent results, and have seen many of the gall stones which passed after the administration of the indicated remedy; but the finding of the indicated remedy is the greatest task of the homeopathic physician. The remedies must be carefully compared and differentiated, and the remedy must compare with the individual patient. This task and sacrifice that a successful homeopathic physician is compelled to make for humanity is the cause of many physicians practising other than homeopathy. Blindness, ignorance, and prejudice hinder the progress of homeopathy.

C. F. JUNKERMANN, M.D.

Lancaster, Ohio.

"That Backache Mixture."

EDITOR MEDICAL WORLD:—That backache mixture: tr. iodin ammon. and collodion, must be applied generously with camel's hair brush. This preparation was recommended by Dr. Burgraeve about thirty years ago. I have used it a few times with success, and I never had any accident; but I prepare only a small quantity, 3 ij of each. Dr. Hewson must use the stronger ammonia.

No doubt that Dr. Mercer's case is a *vice de conformation originel*—a physical malformation. She has no ovaries, consequently no Graafian follicles and no ova.

St. Casimir, P. Q., Canada. A. S. A.

[The writer does not give the pages on which can be found the articles to which he is replying. Can you forgive him? Each one of thousands of readers must *hunt,* if he wishes to find them. Is this fair to the readers? I will call attention to this matter in this way until *no* replies come in without giving the page upon which can be found the article to which the reply is offered. We do not wish to discourage sending replies, but *please* give the page *always.* It is necessarily right before you as you write, and your reply cannot be fully appreciated unless the reader refers to the original article.—ED.]

Food to tempt an invalid especially good if the stomach demands acid: cook a grape fruit by long, slow baking; peel, remove pulp, and mix (i. e., sweeten) with honey, and you have a dish fit for the gods, sick or well. E. D. GEBHART.

Dayton, Ohio.

Pottstown, Pa., Fee-Bill.

DEAR DR. TAYLOR:—I note "Fee-Bill of Meadville Physicians," publisht in March WORLD, page 125. I inclose copy of Pottstown Physicians' Fee-Bill, adopted same day (after futile attempts for ten years), and signed by every physician in practise (20). A. C. SHUTE, *Sect'y.*

Pottstown, Pa.

Fee-Bill of the Pottstown Medical Society.

Adopted October 26, 1909.

OFFICE PRACTISE.

Advice at office, with or without medicin, minimum fee	$0.50
Vaccination at office	.50
Venereal diseases, minimum fee	1.00

GENERAL PRACTISE.

For each visit in borough and immediate additions, minimum fee	1.00
Each additional patient in same family	.25
Night service, calls received between 11 p. m. and 6 a. m., minimum fee	1.50
Consultation	5.00
Each succeeding visit	the regular fee
Vaccination at house, first patient	1.00
Each additional patient	.50

OBSTETRICAL PRACTISE

For ordinary case of confinement	10 00 to 20.00
Instrumental or difficult cases, additional charge of,	5.00 to 20.00

SURGICAL PRACTISE

Reductions of fractures	2.50 to 20.00
Each subsequent visit	regular fee
Luxations	2.50 to 20.00
Amputations	5.00 to 100.00
Reduction of strangulated hernia	2.50 to 10.00
Operation for strangulated hernia	20.00 to 100.00
Paracentesis thoracis	10.00 to 30.00
Paracentesis abdominalis	5.00 to 10.00
Examination per anum or vaginam	1.00 to 5.00
Introduction of pessary	1.00
Operation for fistulae in ano	5.00 to 25.00
Operation for hydrocele	5.00 to 25.00
Operation for phimosis	5.00 to 25.00
Operation for appendicitis	25.00 to 100.00
Introduction of catheter	1.00 to 2.00
Post-mortem examination at request of family,	10.00 to 20.00
Administration of anesthetic for operation, minimum	5.00
Administration of anesthetic for extraction of teeth, minimum	2.50

Books Studied by Osteopaths.

The following letter comes from the proprietor of the college book store at Kirksville, Mo.:

EDITOR MEDICAL WORLD:—I read your editorial in the December WORLD on "Rational Medicin." I wish to take one exception to your editorial. You say "the osteopath is ignorant of pathology." The American School of Osteopathy, and all the recognized schools of osteopathy, make a thoro study of pathology; and the students will not take a back seat for students in any medical college on the subject. We sell Delafield & Prudden here, and Ziegler is also recommended. I am a patient and own this store, so I know what is sold and used. In State board examinations, the osteopaths do not fall below the average, and generally are above average. Everything taught in medical schools is taught here except materia medica, and that just differentiates the two schools. The osteopaths make a thoro study of the human body, and leave botany and mineralogy alone. H. B. COOPER.

Kirksville, Mo.

He incloses a leaf torn from the annual catalog

Digitized by Google

of the American School of Osteopathy, at Kirksville, giving the list of books recommended. Here is the list:

LIST OF BOOKS.

ANATOMY—Cunningham, Piersol, Morris, Gray, Sobotta-McMurrich, A. Still Craig.
APPLIED ANATOMY—Clark.
BACTERIOLOGY—McFarland, Jordan, Park.
CHEMISTRY—
General and Organic—Simon, Holland, Witthaus.
Physiological—Long, Proctor, Halliburton.
DIAGNOSIS—
Clinical—Simon, Wood.
General—Cabott, Butler, Leube, Sahli.
EMBRYOLOGY—(Anatomy), McMurrich, Heisler.
GYNECOLOGY—Crossen, Dudley, Woodall.
HISTOLOGY—Bailey, Bohon & Davidhoff, Ferguson.
MEDICAL JURISPRUDENCE—Reese.
OBSTETRICS—King, Edgar, Williams, Jewett.
OSTEOPATHY—
Mechanical Principles and Philosophy—Still.
Principles—Hulett, Hazzard, Tasker.
PHYSIOLOGY—Howell, Landois, Schaefer, Starling.
PATHOLOGY—Delafield & Prudden, Coplin, Ziegler, Adami, Stengel.
PRACTISE—
Osteopathic—McConnell & Teall, Hazzard.
General—Osler, Edwards, French.
Diseases of Eye, Ear, Nose, and Throat—May, Fuchs, Politzer, Ballinger.
Diseases of the Skin—Pusey, Walker.
Mental Diseases—Kraepelin, DuBois.
Nervous Diseases—Starr, Church & Peterson, Dana, Morris, Gowers, Gorden.
Pediatrics—Holt, Carr.
Venereal—Keyes, Hyde & Montgomery, Lydston.
SURGERY—Rose & Carless, Buck, and Bryant.
Ambulance Work—Drinkwater, Morrell.
Minor Surgery—Foote.
Orthopedic Surgery—Lovett, J. K. Young.

Ivy Poison.—Cholera Infantum.

DEAR DR. TAYLOR:—No, I cannot very well afford to live without THE MEDICAL WORLD. I like all parts of it: medical, religious, and business talks. Farm mortgages are certainly the best investments on earth.

The March, 1910, number is certainly the best copy yet. In fact, I think there are some of the best and most practicable articles in it I ever read.

From time to time I notice members of the family inquire about a good remedy for ivy poisoning (mercury, as it is often called). I've never found anything equal to chlorid of sodium (common table salt) well rubbed on at the time when itching first begins, and rub it thoroly enuf to amount to a scarification. Then wash the parts thus treated with warm water. Keep up the rubbing until a good smarting and some bleeding occur. Nature is trying to throw off the poison; help it along; don't cover it up with pastes or plasters of any kind, for that keeps the poison in.

And here is a good one for cholera infantum:

℞

Ol. amygdalae dulc.....℥ ss
Bismuth subnit.
Pulv. cretae prep., āā.....3 ij
Pulv. acaciae, q. s. ft. emulsion.
Tr. opii camph., as per age.
Elixir lactopeptin, q. s., ad.....℥ iij

M. Sig.—One dram every two hours.

Give this any time within twelve to fifteen hours, and you'll find your patients doing nicely. I'm out of season, I know, but the trouble will soon be here. DR. J. D. PATTERSON.

Stamford, Conn.

Facetious

DR. C. F. TAYLOR: MY DEAR DOCTOR:—I am suffering with a markt case of egomania. I sincerely believe that all men of whatever belief concerning medicin, politics, and religion are forever wrong unless they see, feel, and believe about these things as I do. The only reason that I can see why any man should fail to believe as I do is because his training, his environments, his inheritance has differed from mine. All doctors except the regulars are blindly following a path which superb ignorance has markt out for the purpose of catching the unthinking class. I am a democrat, and sincerely believe that this country is destined to go down unless the general populace will rise in their might and vote the republicans out of office—the republicans have no right to exist. I am Presbyterian in religious belief, and would be willing to put the ban on all other beliefs—they are wrong, absolutely wrong, and should be at once exterminated. Why should *such rot* as the things I do not believe be allowed to exist? If a man tells me that eating eggs causes him to have nettle rash, I explain to him that he *is dippy*, because I have not seen such a case. The world is flat because Peary is now advertising a flat globe. There is no Halley comet because I have not seen it. Pellagra is a dream; I have seen no such cases. TEXAS.

[The brilliant Texas brother who writes the above, orders both the religious books, and is a broad man in every way. I thought you would enjoy his facetious letter, hence I give it to you.—ED.]

The Dissenters

Scalpel declares it's my liver;
Says I need surgery bad;
Capsule says it makes him shiver,
Cuttin' has grown such a fad;
Scalpel says I'll not be better
'Till I come down an' git fixt;
Capsule says wrong to the letter—
Gosh, how this Science is mixt!

Sheepskin declares he can fix it
So they can't filch my estate;
Shingle says Sheepskin'll mix it
So it will never git straight;
Sheepskin says lawyers won't bust it,
Once I let him git it fixt;
Shingle says he wouldn't trust it—
Gosh, how this will-drawin's mixt!

Churchbell says Heaven—he knows it,
Lies right this way—knows it well;
Choker says whoever goes it
Won't land in Heaven but Hell;
Churchbell says humblin' th' spirit
Brings a man right to th' gate;
Choker says that's nowhere near it—
Even religion ain't straight!

Capsule is treatin'—or near it—
What he calls biliary chill;
Churchbell is mendin' my spirit,
Shingle is drawin' my will;
Talk about wisdom's advances,
Why, when it's all done an' said,
Looks like I'm takin' long chances
Livin' an' dyin' an' dead!

—*J. W. Foley, in Phila. Ledger.*

A West Va. brother is determined to be original—and he is. Nothing else like it in 25,000 letters. Here it is, received several months ago, but crowded out till now:

EDITOR MEDICAL WORLD:—I have "took" your old journal ever since I have been out of school. Have missed only one copy, and I don't know what became of that. I am happiest when I can find something to fuss about; but I can't find a blamed thing in your old paper to fuss about, so I send you another dollar for another twelve of the same old things. Hoping you had a cross-eyed New Year and a bum Xmas, I remain. Yours truly,

MY DEAR DR. TAYLOR:—"Three cheers and a tiger" for that manly editorial in the December WORLD on "Rational Therapeutics." It should be read by every physician in the United States, whether he be a homeopath, osteopath, Christian scientist, or what not. Then comply with the suggestion: look into the different branches of the healing art, and appropriate what is good in all. There is a modicum of truth in each, and until you understand them, you are not in position to give your patients the best there is for the cure of his or her abnormalities. GABRIEL F. THORNHILL, M.D.

Paris, Texas.

EDITOR MEDICAL WORLD:—Here we are with our annual subscription, $1, which I propose to invest as long as I am able to read it. A quarter of a century ago I began to read it. I like it better now than then, because of its business, political, and religious talks. Keep them up. G. J. TANKERSLEY.

Weldon, Ark.

Digitized by Google

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Blister from Lead and Opium Lotion.

EDITOR WORLD:—Will you kindly tell me thru THE WORLD why the lead and opium lotion blistered in this case? Mrs. M. was thrown from a buggy, had her wrist dislocated and several pretty bad bruises on different parts of body. To the bruised parts I used a lead and opium lotion and every place the lotion was applied it would blister. I have never seen this lotion blister, and would like to have your opinion on it.

Redland, Ark. J. W. NICHOLS, M.D.

[We have never heard of lead and opium lotion blistering. We would at once suspect our preparation had been made up of something else than the specified drugs. To test the matter we would prepare a new solution of this preparation, confident that it is what it should be, and induce the lady to let us try it on a small portion of her skin. If it failed to make a blister as the other had done, we would impeach the party from whom we obtained the drugs originally used.—ED.]

"Three Months' Colic."

EDITOR MEDICAL WORLD:—I would like to ask for information on infantil colic, particularly the recurrent kind called by the laity "three months' colic." This is a very common trouble, and one we are supposed to relieve easily, but I have found it otherwise. It is wearing on the whole family to have to spend night after night going thru the siege of colic till 11 or 12 o'clock, and small wonder they ask for "something that will cure." I have been very little enlightened by consulting the leading text-books on pediatrics; in fact, they seem to ignore the subject, save in bottle-fed babies, and this is a matter of food formula rather than three months' colic, which I limit to breast-fed babies. In what few instances I have found anything on the subject, it generally relates to the diet and hygiene of the mother and appends the author's favorit formula for the relief of the pain. These are carminativ, with or without opium, and do not affect the cause.

Why does this attack of colic frequently begin late in the afternoon or toward bedtime? Would the mother's milk be so radically changed from morning till night as to account for this?

If it be due to lack of digestiv power in the infant, why do they thrive and gain weight? I never saw a colic baby but what continued to grow and gain weight.

My own line of treatment has been to keep the bowels open and establish regular hours of nursing. For the attack, I generally give simple hot water freely. Sometimes I use a carminativ and I have not found that any one exceeds another. DeWee's, without opium, is as good as any. If the expulsion of gas from the stomach fails of relief, I resort to enema. If this fails, I fall back on paregoric, sometimes with, and sometimes without brandy or whiskey. But all these things only relieve the attack, and it is the cure of the condition that I desire. I would be glad to hear from the Editor on this subject, and also from the WORLD's readers. Show me! I'm from Missouri. W. C. O'NEAL.

La Grange, Mo.

[Colic in the infant is like colic in the adult—a symptom of indigestion; and it generally requires quick relief. One must, in emergencies like the colic, relieve his patient; then, after pain is banisht, he may study out the prophylaxis to be instituted against future attacks. There cannot be, consequently, a permanent cure for colic. If the conditions causing the attack of pain again recur, the pain will recur, whether the time elapsing be hours or days. Both medication and hygiene should be a part of the plan of treatment. Not only should the hours of nursing be regulated, but also should the infant be kept from overfeeding. Many a mother secretes much more milk than is necessary for the proper nourishment of her infant, and in many cases this over secretion will run from the nipples with little or no stimulation. When an infant is applied to such a breast, under such a condition, the milk flows "too easily" and quickly, and passes into the stomach without proper admixture with the saliva, and colic results. In other cases, the milk may be fed slowly enuf, and an excessiv quantity permitted; again colic results. Whether or not the custom among mothers of giving baby a "good big feed before going to bed" has anything to do with the well-known time of the majority of attacks developing, or not, we could not say; but we think this quite likely. These attacks do not always occur at night, either. Then, too, many babies are "spoiled," and yell vigorously at

Digitized by Google

night, not because they are in pain, but because they have grown habituated to sleeping all day thru, and consequently cannot sleep all night. Then, too, the spoiled baby misses the continual petting by the various members of the household, and resents the lack. Very many cases of night crying, which the fond mother had dubbed colic, has the writer proven to his own satisfaction, to be merely exhibitions of "spunk."

The writer always tries to regulate the diet and hygiene of the babe where there is any suspicion in his mind that there are any habits or customs practised in violation of proper management. Then, and at once, we are accustomed to prescribe the well-known anodyne tablet for infants. To a very young infant, we give one tablet dissolved in a teaspoonful of warm water every twenty minutes till relieved. To an older infant, we make the intervals fifteen minutes; and in older babies we give two tablets at a time at twenty-minute intervals. We have never felt the need of other treatment.

Practically all mothers permit their babe to nurse till it empties one or both breasts, or till it voluntarily abandons the breast. A baby never quits nursing, if the secretion is abundant, till it can swallow no more, or till it goes to sleep. The baby habitually overfed, and fed too quickly, generally has colic. We have had mothers milk the breast dry with a pump, and have proved to them that they were secreting more than any babe should have; then, and only then, could they be induced to take the nipple from the baby while it still struggled for more. The mother must be included in the hygiene, of course, and her diet is always to be investigated.—Ed.]

Suppurativ Appendicitis.

Editor Medical World:—I have a patient, male, age 22, who, by the diagnosis of another doctor, had appendicitis. He refused to be operated upon and the doctor refused to treat him any further. Evidently it was the ulcerativ form, for the clinical history was exactly as laid down by Anders. When I was called in, that "dirty, greenish, very foul-smelling pus" was running from the scrotum and the groin; the former having ruptured from top to bottom along near the raphe.

I have the ulcers in condition to heal—granulation having already set in—except that there seems to be a tendency to form a fistula in the groin, where the pus seems to come, mainly, from behind the rectus abdominus muscle. My main trouble is what to do with the scrotum, a part of which seems to have sluft off. Recently I attempted to recover the right testicle by suturing the ruptured skin, but when I found that there was not skin enuf to cover it, I had to stop my work of suturing, leaving the lower half uncovered.

Now, what I wish to know is, will it do to leave the testicle exposed, partly, depending upon the containing sac, or tunica, to harden sufficiently to protect the exposed testicle?

I can see but two other ways out of the dilemma: either skin grafting, which does not appeal to me as being very practical, or excision, which would allow the skin to meet and thus close the right cavity.

Will you, if you can from what has been written, tell me what you would do in the case?

Georgia.

[It is practically certain that the origin of the pus is in the appendix itself. This being true, you cannot expect to get healing without a sinus or fistula persisting. The sinus might be syringed out with warm steril normal salt solution twice a day, thus diminishing the flow of pus and encouraging a healing effort. Unless the sluffing of the scrotal skin has been very extensiv, you ought not to have much difficulty in getting enuf sound skin to make even the half of a new scrotum, as the epidermal tissue in this region is very elastic. You can never hope to get healing without extensiv scarring, unless you cover the exposed testicle, and it is not likely that you will get it at all unless you do a plastic operation. It is possible that the suppuration of the appendix may have caused it to be walled off, and that you may ultimately get healing, but such an outcome is not likely. If such protection has not been afforded, your patient is certain to have another attack, which, from the nature of things, will certainly be fatal if not properly operated upon. If he would be reasonable, you should advise an operation for removal of the remains of the suppurating appendix and closure of the sinus, when the testicle could be covered at the same time. —Ed.]

Varicose Ulcer.

Editor Medical World:—Lady, age 76, has been suffering for two months from an ugly little ulcer on the inside of the left foot, just below the ankle joint. This ulcer is about the size of a dime. It began with severe itching of the skin, which caused her to rub the part vigorously. The ulcer soon appeared with no other history than that given. Family history: Father had "cancer," so-called by laity, but cured it and lived many years thereafter. There was another case of "cancer" in the family, I think. The family history is otherwise good. This lady is the mother of a large family of grown children; is grandmother to many.

Patient is well nourisht; general health good, except that the left leg—the affected one—was dislocated or sustained a fracture of the neck of the femur several years ago, from which she never fully recovered. Since that time the limb has been almost useless, circulation being poor.

Digitized by Google

Varicose veins and capillaries in this foot and limb.

My diagnosis is varicose ulcer. I have applied many of the well-tried and popular modes of treatment, but to no avail. Also, I have tried some of my own treatments without success. There is no pain, but no tendency to heal. Have used a 10 per cent. silver nitrate wash, then a 20 per cent., then the mitigated stick, then silver ointment. Also I used a 10 per cent. zinc chlorid solution locally, then the powder. Also several therapeutic specialties for sores, etc., as camphophenic, etc. Then I used a healing oil, a preparation of my own. Then I tried a mixture of Venice turpentine, boiled oil, resin, red oxid of lead, British oil, etc. All these with little avail. In addition to this, a good tonic and alterativ. I have advised curetment, but have not consent of patient.

What next? DR. HUME.
Bourbon, Mo.

[Everything points to the condition being one of varicose ulcer, tho, of course, cancer should not be forgotten as a possibility in any lesion. We suggest "strapping" this ulcer with quarter-inch strips of surgeon's adhesiv plaster, "log cabin style." Leave the actual surface of the lesion uncovered, but place the first strip as close as possible to the edge of the lesion without actually touching it; draw the skin tense in the direction the plaster is being applied. Apply another strip on opposit side of the lesion in same manner, but make tension on the skin in directly the opposit direction from the first. Next place strips at right angles to the two first applied, and make tension in opposit directions on each of these. The strips should be about four inches long, and others may overlap them till about an inch of skin about the periphery of the ulcer is covered. Next apply powdered boracic acid thickly to the surface of the ulcer, and next cover well with a steril bandage of gauze. Renew the boracic acid and the gauze bandage every twenty-four hours. The adhesiv straps may be left in place for four or five days, if tension is good and they are not soiled. If there is much secretion, it should be thoroly removed by application of peroxid of hydrogen at each daily dressing. We think a week or so will show a positiv improvement, and that you will soon be able to heal the ulcer completely. We sometimes prefer to use a compress of iodoform gauze after applying the straps, instead of the boracic acid.—ED.]

Gosh, man, don't stop my WORLD. Here is your old dollar. It was pure laziness in me for not sending it before. Keep pushing it into us fellows. I'm improving under your treatment. Each and every department in THE WORLD is worth twice the price. May everything good be yours. J. R. MILLER.
Port Bolivar, Texas.

Relations Between Physician and Assistant.

EDITOR MEDICAL WORLD:—A young physician has been engaged as an assistant by an older physician, and in contracting with him agreed not to enter the practise of medicin in that locality, if the young man decides to sever the relations. The older physician is drinking to excess, in a manner that is injuring not only himself but also the young man associated with him. Will the law protect the young man? What would you say is ethical to do in the case? ASSISTANT.

[You do not give sufficient particulars to enable us to give you much legal advice of value. We might say, however, that in contracts of this kind between physicians, there is no explicit law, and if any such case comes to court, it is decided upon the individual merits of the case in question. Many a doctor "sells out" and agrees with the purchaser not to re-enter practise in such community, and, after pocketing the money, returns and establishes himself. We have seen such cases tried, and the "returning" doctor escape even censure at the hands of the court. There are so many items of local color which influence the verdict in such cases. It is more than likely that the young man could leave his employer and set himself up in practise without being amenable to the law, but no *man* would do such a thing when he had agreed not to do so. The fact of the older man being derelict to duty does not in any manner excuse the young man in violating his part of the compact. If he decides to leave the older man, let him do so honorably and completely. Let him leave the locality. Altho it is not likely that any money consideration passed between the parties (except the salary of the younger man, which would not be a "consideration on the contract," but as pay for work done), and the law does not recognize a contract on which no consideration has been made, there are higher and nobler principles involved than the law takes cognizance of. If the young man would violate equity and his "bond," and establish himself here, he could never expect to have the esteem of surrounding physicians, tho he might be able to build up a large practise. He could never hope to have self-respect, and no man is happy or really successful without that. He must lose sight of the failing of the older man and decide his duty solely with relation to what he has bound himself not to do. Leave out ethics, law, and all other matters; he agreed not to locate there. If he locates there, he has broken his agreement and cannot to be excused on any grounds. However, the habits of the older man may pro-

Digitized by Google

voke, tho not justify breaking the contract. And can the intemperance of the older man be construed as breaking an *implied* contract not to do so—to maintain reasonable habits of morality and regularity? The more we think of it, the more we think that you *might* be justified in not being bound to a contract abused by the other party, after giving the other party reasonable warning and notice. You give us very scant details. Consult a lawyer, or if you know a judge, consult him as a friend.—ED.]

Will Lime and Soda in Drinking Water Cause Nephritis?

EDITOR MEDICAL WORLD:—Is it injurious to drink water which has been softened with soda ash and lime? I examined a man yesterday for life insurance, with an A1 family history; also a perfect personal history. I found the urin contained albumin. The railroads thru this part of the country are using soda ash and lime to soften the water they use in their engines. This man, who has never known a sick day, has been drinking the water for two years.

Byron, Ill. DR. J. ALBA JOHNSTON.

[Lime is harmless, or practically so. Water takes up only so much lime, and it is not possible to make water any "stronger" with it. This is merely the well-known lime water of our pharmacopeia. Many sections of our country have water which is strongly impregnated with lime, and the inhabitants drink it all their lives without harm. To the long continued use of such "hard" water has been ascribed various diseases, such as goiter and stone in the bladder and kidney; yet the fact remains that these diseases do not occur with greater frequency in districts supplied with hard water than in those sections using "soft" water exclusivly. "Soda ash" is an alkali produced during the manufacture of sodium bicarbonate, and it is not possible for it to produce nephritis.

You are in error about these materials being used to "soften" the water; they are used to neutralize acids in the water, doubtless, so that it will not act injuriously upon the boilers.

You should make repeated examinations of this urin to be positiv of the continual presence of albumin. You will then, if it be found at all examinations, be under the necessity of deciding whether or not you have to do with a case of cyclical albuminuria. Albumin is not always a proof of the existence of nephritis. If, however, your patient has nephritis, and you have learned of its existence thru this examination, it will be your duty to so inform him that he may adopt early and appropriate treatment for a condition which certainly will not improve if neglected.—ED.]

Cineraria Maritima in Cataract.

EDITOR MEDICAL WORLD:—The inclosed folder comes around a 1 dr. bottle of brown fluid, and you can read its claims. What do you know of the remedy, if anything? If it is equal to its claims, the readers of THE WORLD should know it. F. G. THOMASON, M.D.

Kissimmee, Fla.

[Many of the statements made in the circular are true. The juice of cineraria maritima has long been used in Venezuela "for the absorption of cataract." This fact is well known to all men devoting special attention to the eye, and these doctors, like general practicians, are always on the lookout for something better than their old methods. However, ophthalmology in Venezuela has not yet reacht a point where it can lay claims to surpassing the teachings of European and American clinicians. This medication has been subjected to a thoro test at the hands of the best specialists, and it is not in general use, now, by those who have tried it out. This circular, you will note, does not say that this juice will cure cataract. It reports two cases of cure, and leads you to infer that all cases are cured, but it does not say so, nor does it claim that any considerable proportion have been cured by its use. The most objectionable statement in the circular, and which is not borne out by the facts in the case, is: "The preparation is now being used by the leading ophthalmologists of this country, both in private and hospital practise, with generally good results." Note that the word "cataract" is not used in that clause.

It is not likely that the use of this juice would work any injury to the patient, but we fear if you were to employ it extensivly, you would be apt to find it disappointing if you expected it to cure cataracts.—ED.]

Obesity of Abdomen and Hips.

EDITOR MEDICAL WORLD:—I have eighty-six issues of THE MEDICAL WORLD, without a missing number, in my library, and I am not ready to lay it aside yet, for I am highly pleased with same.

Kindly suggest local treatment in case of obesity of the abdomen and hips—where there are no organic lesions or trouble of any kind.

Harrisburg, Ark. J. A. MICKLEBERRY, M.D.

[It is said that massage, especially with specially adapted apparatus such as wooden rollers or movable metal balls on a flexible shaft, will reduce excessiv fat in the regions treated. We have not tried it, but it seems

Digitized by Google

to us that there would be no question as to its beneficial effect. It is quite likely that the effect would be heightened by bathing with alcohol or salt water following the massage. See Ostrom's "Massage and the Swedish Movements," pages 143 and 144. —ED.]

Psoriasis.

MEDICAL WORLD:—Can psoriasis be cured? I have been afflicted for fifteen years, and being a physician myself, have gone the rounds with them all. My scalp is worst affected, and it is very embarrassing for a doctor to not "heal himself." Would be glad to have any suggestion from you. Will write more in detail if you will take up the case with me. T. L. LAMKIN, M.D.
Paducah, Ky.

[As a rule, one may safely promise the patient that a given attack of psoriasis will be cleared away, but no positiv assurance can be given against a recurrence of the disease. Proper treatment, instituted soon after the appearance of the eruption, is generally followed by a disappearance in a comparativly short time; but if treatment is not instituted till after the eruption has been in evidence for some time, the disappearance is retarded. In old cases, with infiltration, it may be impossible to secure a complete disappearance of the eruption.

Probably the best internal treatment is Fowler's solution, by the mouth or hypodermically. The latter method is painful, but acts more quickly. By the mouth, one may begin with 3 drops three times a day, and increase by 1 drop daily till 8 or 10 drops are being taken at each dose three times a day, or until puffiness under the eyes or gastrointestinal pain develops. Sodium cacodylate is a newer form of arsenic. It is given in doses of 1½ grains three times a day. It does not derange digestion, but it imparts the odor of garlic to the breath. Three minims of Fowler's solution may be given hypodermically, diluted in four or five parts of steril water. The sodium cacodylate may also be used hypodermically in doses of ¾ to 2½ grains daily. It is not painful. Arsenic sometimes causes pigmentation, temporarily, at the site of lesions. Oil of turpentine, oil of copaiba, tar, tincture cantharides, carbolic acid, pilocarpin, and thyroid extract may each be tried if the arsenic fails. Cures have been reported from the use of all of them.

Get rid of all scales by bathing for ten to thirty minutes with hot water and tincture green soap, and do this once daily. Chrysarobin is the best local application. It induces more or less dermatitis on healthy skin surrounding the "patches." It stains the hair. It is used in strength of 1 per cent. to 10 per cent., or even stronger. Zinc ointment or Lassar's paste makes a good base. It is applied twice a day. Unna commends the following application, which is worth trial, if you have not employed it:

Salicylic acid	3.0
Pyrogallic acid	3.0
Ichthyol	3.0
Oliv oil	10.0
Lanolin, q. s., ad	100.0

If you have no late work specially devoted to skin diseases, obtain one for your own benefit. One may often devise formulas better suited to an individual case if he be familiar with all the drugs which have been employed with success in other cases. —ED.]

Control of Sex.

EDITOR MEDICAL WORLD:—Is there any method by which the sex of the unborn child can be influenced or controlled? What method was used by the Russian physician to secure a son for the czar? I have a family who are extremely anxious for a son, and any suggestion would be gratefully received.

Also, what works would you recommend on ear, or ear, nose, and throat for the general practician who must do considerable work of that nature. A. W. CLOUSE.
Geneva, Pa.

[Various theories claiming to have power of determination of sex in the unborn child have been advanced, but none have been received seriously by any great mass of the profession. Until we know the factor in determination of sex, as exercised by Nature, we will not be in position to affirm or deny any theory. We once heard of a doctor who claimed to be able to foretell the sex of prospectiv offspring, and who went about it in the following manner: When engaged to attend a woman in confinement, he would say, "Madam, your child will be a boy"; and immediately, without her knowledge, he would write in his book, "Mrs. X., June 1st, *girl*." After the child was born, if it was a boy, his reputation was made in that family or neighborhood; but if it was a girl, he assured the indignant mother that she had been mistaken as to what he said, and would exhibit his "original entry" made at the time, which, of course, was conclusive proof of the doctor's greatness.

Some years since, there was considerable material along this line in many of the theoretical medical journals, but as THE WORLD always aims to be practical, and spend no time on unproven theories, we did

Digitized by Google

not file any of them, and hence can make no references now. Perhaps some of our readers have, and will refer you to the articles.

We do not know what method the Russian physician used "to secure a son for the czar," and we do not have any confidence that his "method" had anything to do with it.

It is generally presumed by the medical profession that impregnation occurring soon after menstruation is likely to produce a girl, and that if impregnation is delayed till near the time when the ovum would otherwise have been expelled from the uterus, the resulting pregnancy will develop a male child. Moreover, that impregnation occurring immediately before the appearance of menstruation, will be likely to produce a female child. We are free to say that our experience inclines us to accept this view of the matter. Yet we have no answer to the fact that following great wars the preponderance of male births is notable, and it is not possible that such a great majority of the women just happened to be impregnated at the physiological or psychological moment.—ED.]

Morphin Habit.

EDITOR MEDICAL WORLD:—Have a strong, healthy-looking patient about 35 years of age, who has been addicted to the hypodermic use of morphin for the past two and one-half years. He uses about 7½ to 8 grs. every twenty-four hours at the present time. It does not appear, so far, to have affected the physical man very much. He has tried hard under my care to break the habit by gradual reduction, but when the reduction has proceeded to almost one-half, he takes a boring pain in the back over the kidneys, so severe that he is forced to toss from side to side of the bed continually, and suffers an agonizing ache in this region. Were it not for this, he could break the habit easily, as he is a man of iron nerve, and I am satisfied he could overcome any other effects.

Ontario, Canada. SUBSCRIBER.

[You will never have any success with gradual reduction until it is attempted under the care of a gentle but strong-minded nurse, who will not give him any information about the time when a reduction to "almost one-half" has been made. By judicious management we have no doubt the reduction can be carried below one-half without the development of the "boring pain." A nurse of experience is necessary. Absolutely deny any information regarding the amount he is taking, and he will be in doubt as to the time he should complain, and will pass the "critical period" without complaint, as he will be afraid to make complaint lest he is receiving a greater amount. Do not even let him know when he has passed this amount in reduction, as he would be certain to immediately complain if he learned that he had been reduced past his point without his knowledge. You have taken your patient, Doctor, too much into your confidence. This "boring pain" may seem to his disordered senses real; or it may be simulated. We do not know. We do know that he will complain of it when that point is reacht, if he knows when to complain; and it is almost certain that he will not complain if he does not know when the point in question is reacht.

If he has the "iron nerve" you credit him with, he can be cured by the gradual reduction, with the various tricks and dodges which an experienced nurse knows so well how to employ. He will never be cured by gradual reduction, or by any other method, so long as he is permitted to know how much morphin he is taking, or if he is taking any at all. Other drugs, you know, are blended with the morphin sometimes, to deceive the patient; reducing the morphin and increasing the substitute; then finally gradually reducing the substitute when the morphin has been completely eliminated.—ED.]

Obscure Periodic Pain and Nausea.

EDITOR MEDICAL WORLD:—Patient having made the rounds to almost every physician recommended to him, including men of high standing in St. Louis, Mo., and Springfield, Ill., drifted into my hands about nine months ago, giving the following history and symptoms:

Age 22, height 5 feet 11 inches, weight 185 pounds; well built, robust, and muscular. Four years ago a dull aching pain, increast on pressure, originated in the left lumbar region and extended thru the left hypochondriac and epigastric regions nearly to middle line of the body. This pain usually lasts from twelve to twenty-four hours, and during its presence nausea or sometimes vomiting is complained of. After these symptoms subside, patient feels as well as ever.

Above-described symptoms have recurred with "equal regularity" once a week for four years. A careful examination of patient does not reveal any abnormality of any organ; and by exclusion my diagnosis is divided between cyclic vomiting and epilepsy, with gastric symptoms predominating. Treatment has been without results.

Who can help me? ERNEST DIECKMANN.
Vandalia, Ill.

[While it is possible that you have in this case an instance of the rare epileptic equivalent as manifested by gastralgia, enteralgia, nausea, and vomiting, your data as furnisht do not warrant us in making such a diagnosis. As to your other provisional diag-

Digitized by Google

nosis, if cyclic vomiting be the condition present, how will we account for the pain originating in the lumbar region? What have members of the family to suggest on this puzzling case?—ED.]

Pain in Breasts.

EDITOR WORLD:—Young lady (now married and two months pregnant) complains of soreness in breasts, beginning about two weeks before menstrual periods; breast and milk glands are so sore she can hardly bear the weight of her clothes; are hard and lumpy. Soon as flow begins, soreness leaves, to return again in about two weeks. Since she is pregnant, soreness and swelling never leave. She is very much worried. A friend of hers was troubled the same way, and later had cancer of breast. Can any one explain the "why" of the soreness and give me a remedy?
N. C. A.; N. C.

[The "why" is easy enuf, in a measure, Doctor. The breasts are intimately connected with the sexual organs in women. At the menstrual period the congestion of the uterus imparts to the plexus of nerves surrounding it a certain degree of irritability, and this irritability is transmitted to the nerves supplying the breasts. The nerves control the quantity of blood passing thru a given part by expanding or contracting the blood vessels. The nerves causing dilation of the blood vessels, for some reason, overcome the nerves causing contraction, and we have an excessiv blood supply sent to the parts, which causes hyperemia and consequent engorgement and tenderness. Pregnancy, somewhat analogous to the menstrual uterin engorgement in so far as an increast blood supply is concerned, and also in so far as the nervous excitation applies, also sends to the breast, but continuously, instead of once a month, the irritatability of correlated nerves which cause the same result. Every normal woman, to a certain extent, experiences to a certain degree the phenomena you have described. Of course, very few actually suffer discomfort from it, and fewer still actual pain; but the underlying law of Nature is manifest in all normal cases. The sexually normal woman well realizes the close connection between the breasts and the sexual organs. Every normal nursing mother realizes this, tho the sensations of the mother are modified, purified, and sanctified in a manner by psychological influences so that passion in a sexual sense is eliminated; yet the nerve connection and the tactil sensation remain, and the natural law retains its sway. In the case of your patient, Doctor, you have but an over-manifestation of a perfectly natural phenomenon. We know that all the functions of the body are at times subject to over-action, and this excessiv activity is quite generally ascribed to subnormal nerve inhibitions. But no living man has seen these nerves "work," hence our explanation must stop here.

As to what to do to relieve the patient, it is not sure that relief is certain. It is possible that the glands were somewhat undevelopt, and in consequence that the engorgement is thus made more painful than if the glands were completely developt and the tissues about them lax. Massage with cod-liver oil or lanolin, two or three times daily, might induce a relaxation of the tissues to an extent that may relieve the trouble. There is no reason to fear the development of cancer, for many cases are recorded and no cancerous sequellae follow. Because her friend suffered from painful breasts and afterward developt cancer, is no reason why she should fear cancer in her case.—ED.]

Prolonged Gonorrhea.

EDITOR MEDICAL WORLD:—Male, single, farmer, 21 years old; contracted gonorrhea one year ago. Does not use liquors or tobacco to excess. Had the disease well controlled two months after he contracted it. He disobeyed orders and became reinfected. He complains that he has to urinate often, especially during night, with considerable pain when urinating; occasionally blood passes at the close of urinating. He undoubtedly has a stricture, and needs passing the sound. Have given him medicin to neutralize the urin when too acid, and hyoscyamus, with little benefit. Would like to have your opinion, also the opinion of WORLD readers with similar patients. OHIO.

[Why have you not used the sound to see if he has a stricture? He may only have a chronic posterior urethritis. Even then, your best treatment would be by the sound. Begin with a small sound, used once every three or four days. Leave it in the urethra for a couple of minutes. If there is no severe bleeding, and no great soreness afterwards, use a larger sized sound the next time, and leave it in position a little longer. Keep up the gradual dilation of the urethra in this manner until you can use a large sound every other day without bleeding or soreness. The history and symptoms you detail are not sufficient to permit us to base any accurate diagnosis. Do not attempt treating this man, Doctor, unless you have some late and good work on genito-urinary diseases, and have studied chronic gonorrhea thoroly. Further, refuse to treat him unless you have a case of sounds of all sizes, and know how to ster-

Digitized by Google

ilize them and pass them properly. If you do not comply with these conditions, you should pass him on to some of your friends who are better equipt. For urethral treatment the sounds usually need not be inserted to the extent of entering the bladder. Such treatment, when unnecessary, is cruel and unwise. Short sounds frequently answer the purpose better than long ones. Sounds should not be inserted deeper than the indications require.—ED.]

Left Leg Larger than the Right.

EDITOR MEDICAL WORLD:—Girl, 3½ years old, was not strong for two years after birth, tho commonly sleeping good. When sleeping would perspire about the head and face. Has always been bright and intelligent. Perspiration has now ceast and her health is good, but the left leg is considerably larger than the right. Cannot tell that there is any difference in length of the legs. Let me know your opinion, if I have given enuf data to enable you to make suggestions.

Weinert, Texas. M. M. HART, M.D.

[The sweating about the head is always indicativ of malnutrition, or in some cases, of rickets. You do not say if the use of the right leg is in any way impaired, and we could not make any suggestions without having fuller particulars. If there is no impairment of function, we would suggest massage and bathing with salt water, in the endeavor to tone up the muscular structures. Impaired function would lead one to suspect acute anterior poliomyelitis, and this may have happened and not sufficient time have elapst to cause perceptible shortening. Impaired function always quickly follows the existence of acute anterior poliomyelitis.—ED.]

"Lung Germaine."

EDITOR MEDICAL WORLD:—What is the formula for, and is there anything in, Lung Germaine? It is put out by Dr. Windet, Jackson, Mich. There are several in this section using it and say they are improving. It is supposed to cure most any stage of tuberculosis. J. A. HUGHES, M.D.

Baldwin, Miss.

[We know nothing whatever of the formula requested. Can any of the family give us any information for publication? Of course, the claim as to curativ powers in "any stage of tuberculosis" is ridiculous and unfounded.—ED.]

Menstrual Pain After Removal of Ovary.

EDITOR MEDICAL WORLD:—I resort to the old standby, THE WORLD, for information. Mrs. L., aged 38, began menstruating at 14; always had excruciating pain in right ovary at each period; was married at 26; never became pregnant. Three years ago underwent an operation in which the right ovary and tube were said to have been removed; since which time there has been no amelioration of the pain. In fact, she is growing worse at each period. They (wife and husband) are of the opinion the ovary has not been removed. Now, what are the probabilities? If ovary was really taken out, what causes the pain?

ILLINOIS.

[There are many factors which have a bearing on painful menstruation beside the condition of an individual ovary. A certain proportion of cases operated upon are not benefited, even tho both tube and ovary have been completely removed, and this goes to prove an error in diagnosis of the true cause of the pain. If the operator is a reputable practician, it will be easy to learn just what was done at the operation, as such a man would be glad to furnish information from his records. The pain persisting after removal of a suspected ovary is often assigned to the formation of adhesions about the site of the ablation. It is not likely that she can hope to become pregnant, and if the pain is so severe, the question arises as to whether or not it might be advisable to remove the uterus and remaining ovary, and thus certainly remove all cause of pain referable to the organs of generation. This would bring about an immediate menopause, which cannot be long delayed, in the course of Nature; but one must remember that the menopause induced by operation is generally more violent than the natural process would be.

Unless the operator was of a low standing, we would not question that he made the removal, as stated. We would hesitate, too, in advising the operation of total removal, except in that it might be suggested to the patient, with a full and complete statement of the possibilities of dissatisfaction on account of the severity of the induced menopause. On the other hand, *some* cases turn out very satisfactorily, and the menopause is short and not at all violent, and the woman experiences almost immediate relief. —ED.]

Rapid Breathing and Rapid Pulse Without Apparent Cause.

EDITOR MEDICAL WORLD:—Mr. D. M., age 23, blonde, born and raised on farm. Not of a nervous disposition. In July, 1908, had been feeling well; felt faint, then says he felt as tho he could not get his breath. Was troubled for about one-half hour with deep and rapid breathing; felt weak for several days afterward.

I was called the evening of February 25, 1910. He had been feeling well until the p. m. of that day; says he just felt tired. Was eating his supper when the spell came on; seemed as tho

Digitized by Google

he could not get his breath; got up from the table and went to the door.

When I arrived, fifteen minutes afterward, found him on the floor breathing from 90 to 100 respirations per minute, deep, quick respirations, pulse 90, full, strong, and regular. He was perfectly conscious. Would lie on floor a few minutes, then try to get up and sit in chair. Was so weak he could not stand. Did not seem to be alarmed at his condition.

I gave morphin sulf. ¼ gr., hypodermically. In about twenty minutes he began to breathe better. It was about one and a half hours before he breathed naturally. Was so weak the next day he could not walk; other ways he felt good, ate fairly well; has felt the best since.

I have made a careful inquiry into family history; no nervous disturbances in any of family. Patient is not now and never has been the least bit nervous.

Now, if you or some of the WORLD family can give me any information as to diagnosis and treatment, I assure you it would be greatly appreciated. L. A. CARTER.

Mahaska, Kan.

[There is nothing in your description upon which one could, by the wildest flight of imagination, base even a provisional diagnosis. Of course, you had no opportunity to elicit symptoms except by hearsay of himself and the family, and this is a poor method. Rapid pulse and respiration, in absence of other symptoms, could not be diagnosed; and this, we understand you, was all you could elicit. All you could do would be to make a careful examination of his heart and lungs, at rest, and after violent exercise try to detect anything abnormal that might exist.

It might have been merely a spell of cardiac palpitation, and with this idea in mind one should investigate his habits as to tobacco, coffee, bowel evacuation, digestion, etc.

We cannot suggest anything further. We doubt that you will be able to do anything until such time as you may have opportunity to see him in the height of an attack, when you may have a chance to bring out more definit symptoms.—ED.]

Probably Cystitis.

EDITOR MEDICAL WORLD:—Male, age 36 years, married fourteen years, one child. Has been a very rugged man physically and a very industrious man. About two years ago he got with a strange woman, had sexual intercourse with her, and in about eight days his troubles began. Had no discharge; itching along different parts, penis and around anus; but the trouble he complains of is dribbling urin. He says he does not urinate any more than the average, but after each act the urin continues to dribble, and he is compelled to press the penis to squeeze out the remaining urin. He labors as a section hand on Baltimore and Ohio Railroad and he says that in the morning he feels very well, but in afternoon after lifting, etc., he is bothered and he thinks straining hurts him some. Sometimes he gets out of bed at night to urinate, or several times, but not every night. He took local and internal treatment and was bothered three or four weeks and got over his trouble for the time. About three months ago got with another strange woman and about two weeks ago came to me for treatment and I put him on following treatment but don't seem to get any results. Use a fresh solution argyrol once or twice a day, then followed by

℞

Phembi acetatis .....gr. iv
Zinc sulf. .....gr. iv
Aquae ..... ʒiv

Sig.—Use after using argyrol.

Also advised washing out bladder with weak solution cresol. Would like a suggestion from you as to diagnosis and treatment.

Murraysville, W. Va. F. A. OSBORN, M.D.

[Two weeks is too short a time to tell whether or not your treatment for gonorrhea will do any good. It is rather questionable, if he is to be believed, whether he has ever had gonorrhea at all or not. We have heard of "dry clap," but have never seen it, and are very skeptical as to its existence. In the absence of discharge, what effect do you expect to get from your astringent injection?

We believe this man suffers from a cystitis, and suggest your putting him on hexamethylenetetramin, 5 to 7 grains every three hours. Also to have him drink all the water he can, and to take a quart of infusion of flaxseed during each twenty-four hours. You can reinforce this line of medication by adding elixir saw palmetto and santal compound, a dram every three hours, alternating with the hexamethylenetetramin, so that he will have medicin every 1½ hours. If this line of treatment fail to produce a satisfactory result in a couple of weeks, we would investigate the possibility of a chronic posterior urethritis, first by the use of the cold sound, and later, if necessary, by silver nitrate injection. But we are positiv that you should not encourage this man's belief that he had gonorrhea on the two occasions specified, until after you have given our suggestions a trial. We do not like to irrigate the bladder until after we have tried internal medication.—ED.]

Probably Tuberculosis With Pleurisy.

EDITOR MEDICAL WORLD:—I thank you for the article on pertussis you inserted for me last month. I would like to state a case I consider of interest, and ask the opinion of the WORLD readers as to the diagnosis as well as any suggestions for treatment. Mrs. G., age 29, married, has two children. About two years ago she had some trouble in her chest and was treated by a physi-

Digitized by Google

cian, and during the time had a hemorrhage. She was advised to go to the country, and after staying there for some months she returned to the city, where she took up nursing. March 12th, she went to the dentist and had some twelve or fourteen teeth out, under ether, and after returning home she was very sick for some days, and then, feeling somewhat stronger, she went back to her work. March 19th, she returned to Malden and went to bed, and has been there ever since. On the right side, about the middle lobe of the right lung, there are harsh respiratory murmurs, as well as râles; to the right of this is a dull area the size of a large grape fruit. Her temperature has been as follows: in the morning it goes down to 99.6 degrees and at noon it starts to go up, and it goes up to 103.5 degrees as a rule, but some days it only goes to 102 degrees; for three mornings, only, it went down to 98.8 degrees. I have given no antipyretics. The left lung shows pleurisy with effusion and dullness, and with increast respiratory sounds in certain areas. The patient refuses to have the needle passed for diagnostic purposes. The pulse ranges from 100 to 120, and the respirations from 24 to 32. The patient is losing flesh and strength, and sweats at night. She has morning cough, raises a large amount of dark greenish sputum, and the odor is very offensiv.

I keep the patient in a room with the windows open night and day, give her elixir of iron, quinin, and strychnin, also Mg. SO_4 for her bowels, grape juice and what food she will eat. Her appetite is very bad; have to give her something every night to make her sleep. She is very nervous; she has had no chills; no headache; no pain, except on left side, which came previous to the lesion on the left side. It only lasted a short time, and she complains of it now as a sore spot the size of a quarter.

Malden, Mass. CHAS. S. J. MACNEIL, M.D.

[We think you have a case of tuberculosis, with pleurisy complicating it. This can be settled by sending some of the sputum to a good microscopist. The treatment, of course, is outlined in any work on practise. The physical signs, in cases like this, are confusing. This is especially so when one has his mind made up to the diagnosis of pleurisy. However, lose no time in having the sputum examined, as no harm will be done in event of our suspicions being unfounded.

Doubtless many of the family will write you personal letters outlining their individual ideas on treatment.—ED.]

Works on Diseases of Old Age.

EDITOR MEDICAL WORLD:—Would you give me the names of an American, French, and English author who wrote works on "Diseases of the Old," up to date? I would prefer an author who gives the largest attention to the therapeutic part of this class of diseases. CANADIAN.

[The Problem of Age, Growth, and Death, by Charles S. Minot (Harvard Medical School), publisht by G. P. Putnam's Sons, New York and London, in 1908. Price not known to us. Arteriosclerosis, Warfield, publisht by C. V. Mosby Medical Book Company, St. Louis, Mo., might interest you; it sells at $2, and was publisht in 1908. The Philosophy of Long Life, a translation from the French of Jean Finot, by Harry Roberts, publisht by John Lane Company, New York, N. Y., in 1909, at $2.70, is also along this line. The Art of Living Long, a new and improved version of the treatise of the celebrated Venetian centenarian, Louis Cornaro, with essays by Joseph Addison, Lord Bacon, and Sir William Temple; by William F. Butler, Milwaukee, Wis., publisht in 1903 at $1.50.

There are doubtless many others, but we do not have them at hand. If you will write to P. B. Hoeber, 69 East 59th Street, New York, N. Y., or to W. B. Saunders Company, Philadelphia, Pa., they will no doubt be better able to give you a complete list.—ED.]

Can the Body Be Nourisht Thru the Skin?

EDITOR MEDICAL WORLD:—I have read with considerable interest the matter appearing in your Quiz columns, and I certainly believe that it is a great help to the medical profession. I have a query that I would like to have you answer in THE MEDICAL WORLD. As you know, there has been considerable discussion in regard to certain medication being absorbed thru the pores of the skin. That is, to the extent of being effectiv on muscles that are deep-seated. I have recently read an article by a prominent writer as to his opinion that the body can be nourisht by a certain powerful food being absorbed thru the skin. I know of companies putting out proprietary articles—for instance, such as betuol-ol—who base their claims upon the article being efficacious on account of its being easily absorbed thru the skin. I would greatly appreciate your opinion in this matter. Do you think ointments having a lanolin base are absorbed to the extent of being effectiv in their action on fairly deep-seated muscles? F. J. STUART.

3964 Wyoming Street, St. Louis, Mo.

[The questions, as propounded, cannot be answered in a general way. It is definitly known that certain substances, applied to the skin in lotion or in ointment, are absorbed. An example of a drug so absorbed is iodin; for the reaction in urin or saliva is readily obtained within a reasonable time after the ointment has been rubbed on the skin. Mercury is well known to be absorbed from inunction of ointments containing it. Electro-therapeutists have proven that certain drugs may be driven thru the skin by the aid of the electrical current; this is known as cataphoresis. Anaphoresis is the diffusion within the body of substances which have become anions

Digitized by Google

when ionized by solution in water. Massey, in his Conservativ Gynecology and Electro-Therapeutics, says: "All activ principles of medicins are capable of being so administered, the amount transmitted into the body being directly governed by the milli-coulombs of current, but it is important to carefully select the pole on which to place the remedy in accordance with its chemic nature." Again he says: "This, of course, means that such substances as hydrochlorate of cocain and the salts of other alkaloids should be placed on the positiv pole, the activ base being driven inward toward the negativ pole and the useless hydrochloric acid adhering to the positiv electrode. Conversely, if we wish to administer the arsenic in arsenite of potassium or the iodin in an iodid, we recall that the arsenic and iodin are the activ agents, and that, being the anions of the compound, they are propelled from the negativ pole to the positiv one; the solution should therefore be placed at the negativ pole." He gives a table of phoretic speed of substances at one volt per centimeter, as follows:

	Centimeters per hour
Hydrogen	1.080
Sodium	.926
Iodin	.216
Carbon	.213
Potassium	.205
Silver	.166
Lithium	.094

Possibly you wish to consider this subject from a standpoint which disregards electricity. If so, you may consider the known chemical fact that an ester may be broken down by saponification. This principle, we understand, is given as the basis of claims of a certain manufacturing firm for the solubility of their products thru the skin. A soap may be made from a fixt oil by the process of treating the oil with sodium hydroxid, as when methyl salicylate is decomposed by the following reaction: $CH_3C_7H_5O_2 + NaOH = CH_3OH + NaC_7H_5O_3$. It is claimed that such saponification makes the substances capable of passing thru the skin when well rubbed "in" upon it. Certain substances, we do know, so pass. Any substance for which there is a definit chemical test can be detected in the fluids of the body, if it has so passed. We know of no way of proving that substances for which there is no chemical test are capable of so passing.

Professor Kremers claims that: "It is practically impossible to decide chemically whether a given sample is from wintergreen or from birch." This refers to the comparison between oil of gaultheria and oil of betula.

As to the possibility of the human body being nourisht thru application of any food, however concentrated, to the skin, we may say that we can only be convinced by a practical demonstration of the process.

Lanolin has been quite generally accredited by authorities as being the easiest of all fats to pass thru the skin, hence we believe that any substance capable of passing thru the skin would do so easily if incorporated with lanolin. We also believe that any substance that passed thru the skin would diffuse itself thru the other tissues, however deep.—ED.]

Asclepias Tuberosa.

EDITOR MEDICAL WORLD:—Please excuse me for being so narrow in my inquiry about asclepias, page 176, April WORLD. I had reference to asclepias tuberosa (pleurisy root). Please correct.

Rentiesville, Okla. DR. J. J. LOWE.

[King's American Dispensatory, Felter-Lloyd, gives the following information about asclepias tuberosa. "Common names: pleurisy root; butterfly weed; orange swallowwort; wind root; tuber root. The chief action of asclepias is to lessen arterial tension, and acute diseases are those in which it is of most value. Dose of the powder, 20 grains to a dram, three or four times a day; of a strong infusion (the best preparation), from two to four fluidounces, four or five times a day, until perspiration is produced; specific asclepias, 1 to 60 drops; fluidextract, 1 to 60 drops." This book has three pages on this drug, but we cannot quote all of it. It is highly extolled by the authors, who say "it has fallen into unmerited neglect." We think, if you address Lloyd Brothers, Cincinnati, Ohio, that they will be glad to furnish you complete information on it.—ED.]

Tarsalgia.

EDITOR MEDICAL WORLD:—About two years ago I had my second toe amputated on account of tarsalgia, or Morton's toe. I cannot induce the wound to heal, and suffer fearfully from irritation about the wound and on top of the foot. I am trying hard to keep away from morphin. A good surgeon told me it could not be healed, and wanted to amputate my limb. I declined the operation. I have also a neuritic trouble in my right hand. I am 65 years old, and have been "in harness" thirty years. My health, otherwise, is good; no history of venereal trouble. I had a trace of sugar in my urin before operation, but

Digitized by Google

it has cleared up now. Please advise as to whether you would prefer a dry or a moist dressing. Dr. M. J. Carey.

Cleveland, Ohio.

[If there is any disease of the bone, the wound cannot be healed. In the presence of necrosis of the metatarsal bone, we should think the diseased bone might be removed, in whole or in part, without crippling your foot any more than it is at present. If there is no necrosis, we think the wound should be healed, if you will keep off your feet long enuf to permit healing. We suggest your bathing it in hot bichlorid of mercury solution, 1 to 2,000, as many times a day as may be necessary to keep it free from irritating secretions. Then dress with moist, 10 percent, iodoform gauze. After a two weeks' trial of this, if you are not satisfied with the improvement, we suggest your consulting some good surgeon in your city, to receive his positiv assurance that there is no necrosis, and to be told definitly why the wound does not heal. If you fail to get satisfaction then, we would try the same bichlorid wash, and dress with oxid of zinc ointment or balsam Peru. The latter may be used full strength, or diluted. If you fail with these, you had better enter some good hospital, after consulting one of the surgical staff, and make up your mind to abide by his decision. Morton's toe has always been one of the problems of surgery, but we have not before known of inability to heal the wound of operation in absence of any necrosis.—Ed.]

Meningitis.

Editor Medical World:—Male, 14 years of age, weight 150 pounds, magnificent physique; in fact, a man in size, suffered from right-sided pneumonia complicated with meningitis. There was markt delirium at onset, tho at times in the first five days there were intervals when the patient would recognize attendants and doctor. The pneumonia cleared up nicely in about five days, but the delirium increast, and was severe the last two days and nights. His temperature ranged from 101 degrees to 104 degrees; at only one time was it 104 degrees, and not long at that. His pulse was rapid, full, and bounding, running from 120 to 140 at first, but we gradually reduced it to 90 to 96 by veratrum, aconite, and digitalis. At one time, on the fourth day, his pulse came down to 84, but it quickly rose again to 120, and we could not hold it down. The delirium increasing, we gave him one and a quarter grains morphin sulfate inside of four hours, and then it only partially controlled the violent delirium, and he tost and kicked about. Another evening over 45 grains of chloral was used, with ½ grain of morphin sulfate, but this failed to control the delirium. At no time was there stiffness or bending of the head. The pupils responded to light. His bowels were kept loose, and tepid water used. He died on eighth day after onset.

Several days before he took his bed he complained of severe headache, and also of pain in back of head and neck. There was no ear trouble.

Would opening the basilic vein and bleeding till pulse came down to 80 or 90 have done good here? We propose to try it in next case, and think it will do no harm. Another physician saw the case 2½ hours before death, and pronounced it meningitis, and said all had been done that could be. Dr. S. D. Sour.

Ogilvie, Minn.

[With the high mortality of meningitis, and with the results of serum or leucocytic extract yet to be conclusively proven from any great series of successful results, you would not be lacking in support among the profession for any treatment you might adopt. Personally, we think we might have tried the bleeding, with consent of counsel (but not without, as, should it have failed, the death would likely have been ascribed to the bleeding, and not to the disease, by some meddlesome layman—a lone doctor would have to shoulder all the blame, while counsel would divide it); but we should certainly have injected some normal saline solution afterwards. Perhaps we would not have injected as much of the saline solution as we had extracted of the blood; perhaps more, for we have great confidence in dilution of the blood in any infection. Zinsser and Hiss have reported 22 cases of meningitis treated by aqueous extraction of rabbit-leucocytes (*Journal Medical Research,* November, 1908), with fourteen cures without sequellae. Therapeutically, lumbar puncture is of value in relieving cases of intracranial pressure from whatever cause. "The withdrawal of the pus-laden fluid, followed by injection into the sac of antimeningococcus serum, has reduced the mortality of the disease (epidemic cerebrospinal meningitis) to a most remarkable extent, as demonstrated in recent epidemics in New York, Belfast, Edinburg, and elsewhere" (*International Medical Annual,* E. B. Treat & Co., New York, 1910, page 432). Holt, using antimeningococcic serum, has also reported good results. With head lowered and hips raised, he performed spinal puncture, and withdrew as much serum as would come away readily. Afterwards he injected an initial dose of 30 c.c. of the serum.

If it were a question of popularity among the profession, we feel sure you would find more men in favor of serum than of bleeding; but the opinion of "the man on the

Digitized by Google

ground" is generally better than that of any other man at a distance, other things being equal.—ED.]

Urethral Irritation.

EDITOR MEDICAL WORLD:—Male, aged 26, married about a year, no children and no prospects as yet. He first consulted me six weeks ago for relief from nocturnal pollutions, when I put him on potassium bromid, with seemingly good results for a time. Before long, however, his symptoms returned. Some nights he has six or eight orgasms, and this may continue several nights without a night's intermission. He is considerably wrought up over his condition, and has his mind made up to insist upon being castrated. I can control him so long as he is getting rest at night, but when one of the periods of repeated orgasms occurs, he begins to insist on the operation. Two weeks ago I put him on an aphrodisiac pill, and 5-grain doses of monobromate of camphor, three times a day. Also massaged the prostate and ordered light diet and forbade intercourse. He said intercourse neither satisfied him nor gave any relief. He had posterior urethritis two years ago, but seems to have entirely recovered. The foreskin is not long, and he has no indication of rectal parasites, nor other cause which might act as an irritant. There have been two cases in this neighborhood where men have performed castration on themselves, with relief. This man insists that this trouble will ruin his mind if it continues, and he is considerably "run down" over worry and drain on his system. He seems to be doing well on the last treatment, but the last two nights he has had one orgasm in each night, tho passing two weeks in freedom from pollutions. This has distrest him anew. His prostate gland is enlarged. Would you advise castration in his case if I continue to fail to relieve him? FRED SIDDENS, M.D.

Horse Cave, Ky.

[Decidedly, we would not advise castration. We would give him such a talking to that he would not forget it soon. When he has had such severe trouble so long, can he expect to be cured in two weeks? Does he not give a thought to his wife? If you had given him sedativ treatment to the extreme dose, we think you would have had good results. Five grains of monobromate of camphor three times a day is insufficient; give him this dose every three hours. You erred seriously in giving any aphrodisiac medication at all, since it is sedation you want here, and *not* stimulation, as aphrodisiac medication gives. Give him tonics, but avoid those which could possibly stimulate the sexual centres. We think the fluidextracts of ergot and gentian would do good for a couple of weeks, then we would cut out the ergot. We would fear nux vomica, or strychnin, as too likely to be stimulating. You accomplisht wonderful results for the amount of medication employed, and we are confident of your ability to obtain a complete cure. If you get this cure in a year, you will do well. He must understand that he will have occasional orgasms so long as he is not having regular intercourse with his wife. But you can assure him of being made as other men are, in this regard, if he is patient.

You should investigate the possibility of his urethritis being uncured. If not cured, this may explain the irritability and weakness of his sexual organs. Use cold, steril, steel sounds on him every two or three days, gradually increasing their calibre, and also lengthening the period they are allowed to remain in the urethra.

If he refuses to submit to your advice, tell him to seek another medical adviser, for you will not deal with fools. Get some good books and read up well on these lines. We suggest the following: The Sexual Disabilities of Man, Cooper, publisht by P. B. Hoeber, 69 East 59th Street, New York, N. Y., at $1 net; Sexual Impotence, Vecki, publisht by W. B. Saunders & Co., Philadelphia, Pa., at $2; The Sexual Instinct, Scott, publisht by E. B. Treat & Co., 241 East 23d Street, New York, N. Y., at $2. —ED.]

Excessiv Perspiration.

EDITOR MEDICAL WORLD:—Widow, 39 years of age, weight 125 pounds, medium height, is very much annoyed and kept weak from excessiv perspiration. The least exercise starts the sweating. She says it seems to start from the small of the back, works upward over the head, down the face to the abdomen. She perspires so easily and freely that she can feel the water ooze out of her back. She has been afflicted this way for many years, and thinks it gets worse from year to year. She is dreading the coming summer weather. She has a weak heart, with irregular and intermittent pulse. She thinks her heart has always been weak. There seems to be some abnormality in pelvic region. She has been pregnant four times, foetus taken from her dead in each case, and she always had a severe, lingering time. She says she never was like other women. Sexual intercourse was alwavs the opposit of pleasure, and that she never had any sexual passion. It is fifteen years since her last pregnancv. I have given her nothing direct for the sweating condition, only atropin. I have given her tonics of various kinds. She is now taking Maltbie's "cactin compound," which strengthens the pulse, lessens the frequency of the intermissions, and makes her feel stronger. Any suggestion you can give me thru THE MEDICAL WORLD to check this excessiv sweating will be gratefully received. CHAS. CLIFF, M.D.

Black Mountain, N. C.

[It is quite possible that internal and external use of ordinary sage tea (salvia herb) might do much to relieve her, and would certainly be harmless. Agaricic acid, in doses of 1-12 to 1-3 grain, is an efficient

Digitized by Google

remedy. Camphoric acid, 10 to 30 grains at a dose, relieves nearly all cases. Potassium permanganate, 1 grain to the ounce of water, locally applied, is of service quite generally. Ergot, internally, cures many cases. Sponging of the entire body with pure cider vinegar has been successful in many cases, and infusion of white oak bark is likewise used.

She cannot be far from the menopause, and we certainly would try to cure this trouble before that time, with its "hot flashes." We have used all of the agents above named. and would not fear any deleterious effect following any of them.—Ed.]

Uncinariasis.—Medical Laws.

Editor Medical World:—Please let me read a full and complete, yet short and pointed article on the hook-worm disease.

May a four-year graduate register his diploma and practise without examination in New Mexico? V. E. Duren.

Utopia, Tex.

[Look in the 1909 Yearly Index, under Uncinariasis, and turn to the two articles there noted, one in December World, page 507, and the other in September World, page 403. If these two articles do not cover your needs, give us an idea of what is lacking and we will try to supply it. We are frequently askt for information which has already been presented in The World, sometimes in recent issues. We wish our readers would make more frequent use of the Yearly Index, found in the centre of the December number for each year.

The medical law of New Mexico, while a good law, is not as strict as some of the other laws. Any doctor contemplating removal from his state should send 30 cents to the American Medical Association, 535 Dearborn Avenue, Chicago, for the booklet containing the Medical Laws of all the states and of foreign countries. After getting the information desired from this book, he should then write to the secretary of the medical examining board of the state he is interested in; a list of the state secretaries is given in the above-mentioned book; also in April World, page 181.—Ed.]

Membranous Colitis.

Editor Medical World:—I take the liberty of asking you or some of the World readers a treatment for the following case of mucous-entero-colitis. The patient is a lady, 28 years of age; every two or three days she voids, when her bowels move, large quantities of a fibro-mucoid membrane, white in color. Sometimes membrane comes in long strips. In the beginning the stools were covered with mucous matter, and the case growing worse, then the membranes came. The bowels are inclined to constipation or diarrhea. Every day she complains with a severe pain in abdomen. I have tried the following treatment without the least relief: enema with oliv oil, enema with boracic acid, enema with borate of sodium. As diet, porridge, mashed potatoes with fresh butter, thick pea or bean soup, eggs, rice, milk, macaroni, and stewed fruits. Suggestions will be appreciated.

Baie St. Paul, Canada. E. Tremblay, M.D.

[There are only two systems of treatment of this obstinate affection which have gained any confidence from the profession: Von Noorden's and the Plombiere or intestinal lavage system. Von Noorden defies the older dicta of soft and easily digestible food, and insists upon his patients using only a coarse laxativ diet, blended plentifully with fats. No question but it is "hard on the patient," for a time; but results are generally satisfactory. The patient, for her "trying course," must be isolated with a firm but gentle nurse. She is confined to bed. Pain is met by hot water bags applied to the abdomen. A high enema of oliv oil at a temperature of 98° F., consisting of six to ten ounces, is given nightly, preferably in the knee-chest position. A suppository containing ½ a grain of belladonna extract is used in the rectum at night, and if the pain is very severe, this is replaced by morphin. As soon as a natural bowel action is maintained, the oil and suppository are omitted. You can get the whole system in the Diseases of Metabolism and Nutrition, Von Noorden, publisht by E. B. Treat & Co., New York, N. Y., at 50 cents. Ask for Part III; Membranous Catarrh of the Intestins.

Von Noorden's treatment is rated higher than Plombiere's system, but if, for any reason, it cannot be carried out properly, the latter is very useful. Where the painful attacks are very frequent, as in your case, the patient could not likely stand the Von Noorden method as prescribed for the first few days; then the Plombiere cure could pave the way until the patient is fortified for the more drastic method. Plombiere's cure consists in the use of very soft water for thoro lavage of the large bowel, for drinking purposes, and for external bathing; the whole effect being soothing to the irritable and spasmodic intestinal canal, as well as to the nervous condition of the patient.—Ed.]

Editor Medical World:—Will you please give the name or names of the best English works on tropical medicin? I say English because the

Digitized by Google

study of tropical medicin is farther advanced in England than here. W. T. KENSETT.
Allegheny, Pa.

[Lectures on Tropical Diseases, by Sir Patrick Manson, sold by W. T. Keener, 90 Wabash Avenue, Chicago, Ill., at $2.50. A good American work is Jackson's Tropical Medicin, publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, at $4.—ED.]

The Lambert Drug Habit Cure.

THE MEDICAL WORLD:—Please tell me how to interpret the reading of Dec., '09, WORLD, page 537, "The Cure of the Drug Habit." In giving the quantities of the formula, in the first case 31 grams equals 1 dram of the belladonna; and second case, hyoscyamus and xanthoxylum 31 grams equals 1 ounce. In looking over P. D. & Co. tables of equivalents, on first page of their price list, I cannot find that the gram is used in liquid measure at all; but in solid measure the table gives 28 gm. equals 1 oz. 437½ gr. I am supposing that the gm. here means gram.

I first saw this article in a Kansas City paper, and the formula was given like this:

Bell. 3ij
Hyoscy.
Xanthox., āā.....3j

I have used it with success on one case, a young woman of 28 years, and about eighteen months of morphin, 3 gr. per day.
Freeland, R. 2, Mich. DR. S. RINEHART.

[The gram equals 15.437 grains. There is no sense in the use of the word gram in this connection. It is quite sufficient to say 1 ounce or two ounces. The ounce is practically 31 grams. Of course you noted that the printed ℥ij should have been ʒij.—ED.]

"Motor Buggies."

EDITOR MEDICAL WORLD:—I and several other WORLD readers would like to know what those of the fraternity who have had experience can tell us about motor buggies. Are they a success on rough roads? DR. M. M. GOUGH.
Flat, Texas.

[Owners of "motor buggies" will please write directly to the Doctor, as we do not wish to advertise any special kind of machine.—ED.]

EDITOR MEDICAL WORLD:—Do you or any of the family know the composition of "Zema Cream," of which I inclose you the wrapper? It cured some stubborn cases of eczema, and I would like to know its composition.
Medford, N. J. W. P. HAINES, M.D.

[The Editors have no knowledge of the composition of this nostrum. Does any of the family have a working formula? The label bears the address, "Mason Zema, Paris, France; prepared now by The Kells Company, Newburgh, N. Y., distributors." We will gladly publish this if any one has it.—ED.]

EDITOR MEDICAL WORLD:—Will you kindly inform me who one should write to for information regarding requirements, etc., for entrance to the U. S. Army as a medical man? INDIANA.

[Write to the Secretary of War, Washington, D. C.—ED.]

Books on the Relation of the Public to the Physician.

EDITOR MEDICAL WORLD:—Can you furnish me some small work—or inform me where I can get it—which would treat of a question something like the following: "What the public should demand of the physician"? If you know of anything on this subject, and will write me the price, I will remit at once and appreciate the favor, as I want it in getting up a paper for our county medical society. MISSOURI.

[The following books will give you splendid ideas along the line you have suggested as your title:

Medical Ethics and Cognate Subjects, 248 pages, $2, publisht by Dr. James S. Sprague, Perth, Ontario, Canada.

Medical Sociology, Warbasse, 348 pages, $2, publisht by D. Appleton & Co., New York, N. Y.

The Physician Himself, Cathell, Baltimore, $2.50, sold by any dealer in medical books.

Principles of Medical Ethics, sold by the American Medical Association, 535 Dearborn Avenue, Chicago, Ill., at 5 cents.—ED.]

Virginia Examination Questions with Answers.

Used June 22, 23, 24, and 25, 1909.

(Continued from April.)

PRACTICE, ETIOLOGY, AND DIAGNOSIS.

1. What is parotis? Give symptoms. State most usual complications and how managed.
2. Give cause and treatment of myxedema.
3. Give symptoms, appearance, and treatment of herpes zoster.
4. Give physical and clinical symptoms of chronic cardiac dilatation.
5. What inferences should be drawn from persistent scanty urination?
6. What are the two varieties of jaundice, and to what is each due?
7. How would you distinguish between ascites and other abdominal enlargements?
8. Give symptoms, dangers, and management of arteriosclerosis.
9. What are the earliest noticeable indications of tuberculous invasion?
10. In what condition is gastric lavage indicated, and when is it contraindicated?
11. Differentiate between tetanus and tetany.
12. In what condition do we find: (a) temporary, and (b) persistent, enlargement of the lymphatic glands.

Answers to the Above Questions.

1. *Symptoms of parotitis:* Chilliness, malaise, moderate fever, pain and swelling of parotid gland, which becomes tender and elastic, but shows no fluctuation; deglutition and mastication are painful; both sides may be affected. *Complications:* Unilateral orchitis, which may be followed by atrophy of testicle; in the female, mastitis or edema of vulva or ovaritis. *Management:* Keep patient in bed: isolate him; salines, hot fomentations, and antiseptic mouth wash. The orchitis will need rest, suspension, and an application of guaiacol ointment or lead and laudanum; afterward mercury and belladonna ointment.
2. MYXEDEMA.—*Cause:* Loss of function of thyroid gland; heredity is supposed to have some influence; it is most common in women. *Treatment:* Keep patient warm, give nourishing food, and administration of sheep's thyroid.

Digitized by Google

3. HERPES ZOSTER.—*Symptoms and appearance:* Malaise, slight fever; vesicles in cluster, and on inflammatory base, usually along the course of intercostal nerves, but may be in other locations, it occupies areas which represent the distribution of nerve fibres that enter a single posterior root ganglion; as a rule it is unilateral and accompanied with sharp neuralgic pain. *Treatment:* Zinc phosphide, morphin, and phenacetin have been given; locally, menthol or collodion may be applied.

4. In *cardiac dilatation:* "The symptoms are those of *failing circulation:* precordial anxiety, palpitation, headache, vertigo, syncope, pallor, cough, dyspnea, venous congestion, and dropsy. The cardiac *impulse* is feeble and diffused, and usually displaced to the left. The area of cardiac *percussion-dullness* is increased. The *first sound* is weakened in correspondence with the disproportion between the enlargement of the cardiac chambers and the thickness of their walls; the *second* is little changed. If the dilatation has been great enuf to so enlarge the orifices or weaken the muscles that the valves are no longer competent to effect complete closure, regurgitant murmurs may be developt, even in the absence of structural alterations in the valves. Such murmurs are usually rather soft and may be inconstant. The *action* of the heart may be rapid and irregular. The *pulse* is small and soft."

5. Persistent, scanty urination may denote: Heart disease, with broken compensation; degeneration of cardiac muscle; parenchymatous nephritis; chronic diseases of the respiratory apparatus; chronic uterin or liver disease; mechanical obstructions, such as compression of the ureters by tumors, or an enlarged prostate gland.

6. The two varieties of jaundice are (1) obstructiv and (2) nonobstructiv, or toxemic.

Obstructiv jaundice may be due to: Gastraduodenal catarrh; catarrh of the bile ducts; lodgment of gallstones or round worms in the common duct; pressure on or closure of the duct by tumor of the liver, stomach, kidney, omentum, and especially of the pancreas; and new growths or cicatricial tissue producing stricture or obliteration of the lumen of the duct. *Nonobstructiv or toxemic-jaundice* may be due to: "Influenza, malaria, pneumonia, typhoid, typhus, scarlet fever, yellow fever, pyemia, ulcerativ endocarditis, acute yellow atrophy of the liver, Weil's disease, snake venom, antimony, arsenic, chloral hydrate, chloroform, ether, copper, mercury, phosphorous, and potassium chlorate."—(From Butler's *Diagnostics of Internal Medicin.*)

7. *Ascites is characterized by:* Enlargement of the abdomen, most markt in the flanks when the patient is lying on his back, and in the hypogastrium, when he is standing up; there are dilated superficial veins on the abdomen, and the skin is tense; the umbilicus is prominent; there are fluctuation and vibration on palpation; dullness is found on percussion over the fluid, while the centre of the abdomen is resonant.

8. ARTERIOSCLEROSIS. *Symptoms:* "Increast tension in the pulse, causing a hardness, often feeling like 'pipe-stems.' Great hypertrophy of the cardiac muscle ensues. The coronary arteries may be involved, leading to fibroid degeneration, fatty degeneration, and the symptoms of angina pectoris, absence of compensation, dyspnea, scanty urin. and other symptoms. The cerebral arteries may be involved, and hence apoplexy is common. The kidneys may next suffer, giving rise to interstitial nephritis or contracted kidney." *Dangers:* Cardiac, renal or cerebral troubles. *Management:* "Seek diligently for any predisposing cause. Alcohol in any form should be absolutely interdicted. Attacks of gout and rheumatism should be prevented as far as possible by the restriction of animal foods, tea, and coffee. In these cases a vegetable diet is best. If due to heart disease, kidney disease, or syphilis, each will require its special line of treatment. The kidneys may be kept activ by diuretics. At the same time the skin should be kept activ by proper amount of exercise, hot baths, and thoro massage."—(Gould & Pyle's *Pocket Cyclopedia.*)

9. The early manifestations of pulmonary tuberculosis are: (1) *Physical signs:* Deficient chest expansion, the phthisical chest, slight dullness or impaired resonance over one apex, fine moist râles at end of inspiration, expiration prolonged or high pitched, breathing interrupted. (2) *Symptoms:* General weakness, lassitude, dyspnea on exertion, pallor, anorexia, loss of weight, slight fever, and night sweats, hemoptysis.

10. LAVAGE is said to be *indicated* in: Gastric dilatation and chronic gastritis. It is *contraindicated* in: "Marked prostation, continued fevers, or cachectic states; broken compensation of heart lesions; advanced fibrous or fatty degenerations of the heart, and angina pectoris; thoracic aneurysm and advanced general arteriosclerosis; last stages of pulmonary tuberculosis, emphysema, bronchitis, and recent hemoptysis; gastric ulcer with recent hematemesis or tarry stools; recent intracranial, renal, vesical, or rectal hemorrhages; and pregnancy and old age."—(Butler's *Diagnostics of Internal Medicin.*)

11. *Tetanus* is a condition of persistent tonic spasm of voluntary muscles; also a disease due to a specific bacillus. *Tetany* is a bilateral, tonic spasm of the extremities.

12. ENLARGED LYMPHATIC GLANDS. (*a*) *Temporary*, in: Diphtheria, tonsilitis, scarlet fever, measles, erysipelas, variola, suppurative ear disease, gonorrhea, chancroid. (*b*) *Persistent*, in: Leukemia, Hodgkin's disease, tuberculosis, syphilis, filaria, malignant disease.

OBSTETRICS, GYNECOLOGY, AND PEDIATRICS.

1. (a) How many cases of labor have you delivered? (b) How many have you seen delivered? (c) Describe the delivery of the most difficult case you have seen.

2. Inevitable abortion at the fourth month of pregnancy: (a) Diagnosis. (b) Management in detail.

3. Define the following: (a) hydatidiform mole; (b) Placenta succenturiata; (c) Caput succedaneum; (d) Vernix caseosa; (e) Melena.

4. Management of the third stage of labor.

5. Active treatment of (a) Sapremia; (b) Septic endometritis.

6. Necessity for and the technic of repairing second degree lacerations of the perineum following labor.

7. Cancer of breast: (a) Early diagnosis; (b) Indications for operation.

8. Radical operation for the cure of cancer of breast: (a) Technic; (b) What constitutes a permanent cure?

9. Pertussis: (a) diagnosis; (b) complications; (c) prognosis; (d) prophylaxis.

10. Acute rheumatic infection in children; (a) manifestations; (b) treatment.

Answers to the Above Questions.

2. INEVITABLE ABORTION. (*a*) *Diagnosis:* Hemorrhage profuse and continuous, clotted and dark colored; pain cramp-like and severe; cervical canal dilated; uterus soft and enlarged, and the angle between the upper and lower uterin segments is effaced; the discharge consists of dark blood, clots, and portions of ovum; signs of pregnancy present, except amenorrhea.

(*b*) *Management:* "Two methods of treatment have been advised for these cases. The first is *the expectant plan:* Place the patient in bed, and if the bleeding is profuse, insert a tampon of iodoform gauze (one yard) well up against the cervix. If this fails to control the hemorrhage, reinforce it by another yard or two of gauze and a perineal pad and binder. Small doses (3½) of the fluid extract of ergot should now be given every two or three hours. At the end of from eight to twelve hours remove the tampon, when the ovum may be found extruded from the cervix; if not, a vaginal douche of mercuric chloride (1 :4000) must be given, and another tampon introduced. If, upon the removal of this second tampon at the end of ten or twelve hours, the ovum is not discharged, then more vigorous methods to secure its expulsion must be adopted. *Activ plan:* The physician's hands and instruments are sterilized; the patient is etherized and placed on an appropriate table; the genitalia are thoroly cleansed and a vaginal douche of mercuric chlorid (1 :4000) is given; the anterior lip of the cervix is brought down to the vulvar orifice; the cervix is dilated if necessary; the placental forceps is introduced into the uterus, and as much as possible of the ovum is removed; the uterus is thoroly curetted, and an intrauterin douche of steril water is given. A light tampon of iodoform gauze is placed in the vagina; the patient is then returned to bed. A strip of gauze may be placed in the uterus in cases of sharp retroflexion, to secure free drainage, and occasionally an intrauterin tampon will be necessary when the uterus refuses to contract and hemorrhage persists after the use of the curette."—(Gould & Pyle's *Pocket Cyclopedia.*)

3. (*a*) *Hydatidiform mole* is a product of conception which has undergone degeneration, and in which the chorionic villi have proliferated so as to produce a mass of cysts somewhat resembling a cluster of grapes. (*b*) *Placenta succenturiata* is a subsidiary placenta, occasionally found, in addition to the ordinary placenta. (*c*) *Caput succedaneum* is a tumor formed during labor upon the presenting part of the fetus; it is due to the absence of pressure at that part. (*d*) *Vernix caseosa* is a greasy substance made up of sebum and desquemated epithelium it is found on the skin of the fetus at birth. (*e*) *Melena* is the discharge of feces colored black by blood which has undergone changes in the stomach or intestins.

4. For the management of the third stage of labor, see any text-book on obstetrics.

5. (*a*) *Sapremia* is treated: Removal of the decomposing matter by finger, curette, or douche; drainage and asepticizing the affected area; purgatives and diuretics are given; also diaphoretics and stimulants; saline by hypodermoclysis or infusion; food must be fluid concentrated, and nourishing; tonics are indicated; symptoms are treated as they arise. (*b*) *Septic endometritis* is treated: Disinfection of the genital canal, as far as possible; steril water; saline solution, antiseptic fluids, and curette are

Digitized by Google

all useful; tamponade may be advisable; general treatment as in sapremia.

6. All tears should be repaired as soon as possible (unless there are contraindications). A primary operation is best, because the edges are fresh and can be approximated; little (if any more) anesthetic is wanted; the woman has to lie in bed, and therefore only one absence from household work is requisit; infection is less likely. In any case, operation may prevent rectocele, cystocele, prolapse of uterus, and general weakness, malaise, and disability. For technic, see any text-book on obstetrics or gynecology.

7. CANCER OF BREAST. *Early diagnosis:* Is only conjectural without microscopical examination of a piece of the growth; but a hard nodule, generally painless, steadily increasing in size and incorporated with the gland tissue, should lead one to suspect cancer. Later on the skin is dimpled and may ulcerate, the nipple may be retracted, pain is present, and the breast cannot be freely moved. *Indications for operation:* As soon as diagnosed, and the earlier and more thoro the better.

8. (*a*) For technic of radical operation, see any text-book on surgery. (*b*) The case is considered "cured" if there is no return within three years of the operation.

9. PERTUSSIS. (*a*) *Diagnosis:* Paroxysms of short, spasmodic coughs followed by a long-drawn inspiration and a "whoop"; the paroxysm may cause puffiness of the face and end in vomiting; the eyes are suffused. (*b*) *Complications:* Convulsions, vomiting, bronchopneumonia, collapse of lung, emphysema, nasal or conjunctival hemorrhage, cancrum oris, paralysis of various kinds. (*c*) *Prognosis:* Guardedly favorable; when complications are present the prognosis is more grave; the character of the epidemic, the age of the child, the care it receives, the number and severity of the paroxysms are all factors to be noticed. (*d*) *Prophylaxis:* Isolation of patient, disinfection of all articles used by him, quarantine while the cough lasts.

10. *Rheumatic manifestations* in children: Fever, sour perspiration, scanty, high-colored urin, arthritis, cardiac lesions with murmur (soft, systolic), accentuation of second heart sound, anemia, night terrors, chorea, quickened pulse, tonsillitis, pericarditis, pleurisy, pneumonia. (*b*) *Treatment:* Rest in bed between flannels and blankets, milk diet; swollen joints should be wrapt in wool; calomel, sodium salicylate, "alkalin treatment" are the main indications.—*Medical Record.*

(*To be continued.*)

More Misbranded Nostrums.

WHAT ENFORCEMENT OF THE FOOD AND DRUGS ACT IS DOING FOR THE PROTECTION OF THE PUBLIC.

Lying on the label continues to be unprofitable, thanks to the efficiency of the officials who are intrusted with the enforcement of the national food and drugs act. Many of the frauds which the government has shown up have been reported in *The Journal;* some of the latest judgments obtained against the exploiters of nostrums are now given.

"Dr. Fahrney's Teething Syrup."

This preparation was put on the market by Drs. D. Fahrney & Son, Hagerstown, Md., and the following claims were made for it on the labels:

"Is the best remedy for teething."

"No bad results from the continued use of it."

"Contains nothing injurious to the youngest babe."

"A sure remedy for all ailments incident to babes from one day old to two or three years."

A sample of the preparation was analyzed at the Bureau of Chemistry, United States Department of Agriculture and was found to contain:

Alcohol, by volume	8.84 per cent.
Chloroform, to the fluidounce	0.408 minims
Morphin, to the fluidounce	0.126 grains

Inasmuch as a mixture of morphin, chloroform, and alcohol cannot truly be said to be noninjurious to infants, and as "bad results" are likely to occur "from the continued use of it," as, too, it is neither "a sure remedy for all ailments" nor "the best remedy for teething," a United States district court decided that "Dr. Fahrney's Teething Syrup" was misbranded. The defendant entered a plea of guilty and a fine of $100 was imposed.

"Gowan's Pneumonia Cure."

This nostrum, which was marketed by the Gowan Medical Company, of Chicago, has been referred to before in *The Journal,*[*] a cursory examination having been made in the association laboratory. The particular claims on which the government obtained its judgment for misbranding were:

"It is entirely different from any other remedy, containing new principles never before applied."

"Supplies an easily absorbed food for the lungs that quickly effects a permanent cure."

"It was indorst and advertisment accepted by the *American Medical Journal* as a valuable therapeutic agent."

A sample of "Gowan's Pneumonia Cure" was analyzed at the Government laboratory and the product was found to consist of:

Lard	Opium
Camphor	Stearin
Turpentine	Quinin
Carbolic acid	Quinin sulfate

As the analysis showed that the product was not "entirely different from any other remedy" and did not contain "new principles," as, moreover, there is no such thing as a "food for the lungs" separate and distinct from a food for the whole body and, lastly, as the preparation was never advertised in, nor indorst by, the *American Medical Journal,* the nostrum was declared misbranded. It was further misbranded in that the carton labels did not have printed on them in plain and conspicuous type the amount of opium which the preparation contained.

The defendant pleaded guilty and was fined $200.

"Eyelin."

This was a Chicago product, marketed by the Evelin Company and sold at $1 a box. The label contained the statements:

"Repairs and rejuvenates the eye and sight."

"Reshapes and rejuvenates the eye and sight."

Analysis of the stuff in the Government laboratory disclosed the fact that it consisted essentially of:

Vaselin, perfumed.

The court decided that petrolatum, even when perfumed, could scarcely be capable of repairing, reshaping, or rejuvenating either the eye of the sight, and that "Eyelin" was, therefore, misbranded. A plea of guilty was entered and a fine of $10 imposed.

"Bromo Febrin."

William H. Smaw & Co., of Baltimore, Md., made a "headache powder" which they admitted contained 4 grains of acetanilid. The claims made for this preparation were:

"Permanent in results."

"It is absolutely safe."

"Sure cure for headache and neuralgia."

Analyzed at the Bureau of Chemistry, each powder was found to contain:

Acetanilid.....6 grains (nearly)

As a headache powder containing nearly 6 grains of acetanilid must be far from "absolutely safe," as, too, acetanilid is not a "sure cure for headache and neuralgia," and as the results obtained from the use of acetanilid are not "permanent," the court declared the nostrum misbranded and the defendant on entering a plea of guilty was fined $20.

"Radol."

This fake will have a familiar sound to many of our readers as it was exposed in connection with its exploiter, one "Rupert Wells," whose real name is Dennis Rupert Dupuis. This individual who for years conducted a viciously cruel "cancer cure" at St. Louis, was finally put out of business by the Government thru the issuance of a postoffice fraud order. "Radol" was the "radioactiv" and "radium impregnated fluid" which Dupuis sold to his dupes for the "cure" of cancer. As has previously been reported, analysis showed that "Radol" was in fact a weak, acidulated, watery solution of quinin sulfate, with about 7 per cent. alcohol. As it was neither radioactiv (to a greater extent, at least, than any hydrant water) nor contained radium and as, too, the label failed to state the presence of alcohol, the nostrum was declared misbranded on both counts.

A plea of guilty was entered and fines of $100 and $50 respectivly were assest.—*Jour. A. M. A.*

[*] *The Journal A. M. A.*, May 9, 1908, reproduced in "The Propaganda for Reform," page 137.

EDITOR MEDICAL WORLD:—Don't cut me off, but credit my account with inclosed $3 check. I admire your fair and unbiased stand on all questions affecting the profession. I do not agree with all you say, especially your religious views, but certainly commend your fairness. In all the discussion over the treatment of poison oak, no one ever mentioned belladonna ointment. *It's a specific.*

Wise, Va. H. M. MILLS.

DEAR DR. TAYLOR:—Inclosed find check for $3 even exchange, Philadelphia, for another four years' subscription to THE WORLD. I have been a steady subscriber for more than twenty years now, and my magazine table would not look complete to me from month to month without THE WORLD. It would not seem that I was practising medicin any more without it. Long may it continue to wave, like the "Star Spangled Banner."

DENVER, COL., H. T. HALLACK.

Digitized by Google

BOOK REVIEWS

A TEXT-BOOK OF THE PRACTISE OF MEDICIN. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practise of Medicin and of Clinical Medicin, Medico-Chirurgical College, Philadelphia. Ninth revised edition. Octavo of 1,326 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $5.50 net; half morocco, $7 net.

The revision has been an ideal one; obsolete matter is cut out to make room for important practical advances, so that the book is improved greatly and made modern, yet without increasing its size. Anders excels in the many references he makes to chemistry, physiology, bacteriology, and pathology, thus keeping his reader broadened by essential familiarity with these sciences so intimately allied to successful practise. The following new headings are noted: Fourth disease; filiaria Philippinensis; chronic purpura; leukanemia; acute pneumonokoniosis; gastromyxorrhea; essential hematuria; the Rose-Bradford kidney; hereditary cerebellar ataxia (Marie and Nonne); myatonia congenita; adiposis tuberosa simplex; and sun traumatism. Forty subjects are rewritten. A constant effort is made to teach the practician to associate morbid lesions with their corresponding clinical symptoms. Much of the differential diagnosis is tabulated, being the most striking way of emphasizing it and the way it is learned easiest; fifty-six diagnostic tables are so given. A number of formula are given, but only those of recognized therapeutic power. The metric equivalent is given, as well as the customary manner of writing; thus the reader unconsciously absorbs much information about the metric system. The work is an exceptionally well balanced one, and is equally suited to the young and to the experienced physician.—A. L. R.

POCKET THERAPEUTICS AND DOSE-BOOK. The new (4th) edition, reset. By Morse Stewart, Jr., B.A., M.D. Small 32mo of 263 pages. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $1 net.

Contains a classification and explanation of the actions of medicins; the doses in Troy weights with metric equivalents; genitiv endings of medical names given in italics; index of common and pharmaceutical names; index of diseases with remedies; tables of solubilities; illustrations and examples of prescription writing; poisons: their symptoms, antidotes, and treatment; incompatibles and antagonists; and useful hints to the prescriber. This edition has been overhauled carefully, obsolete matter eliminated, and new material inserted. A marvel of compactness for those requiring a pocket manual at a moderate price.—A. L. R.

ESSENTIALS OF GYNECOLOGY. The new (7th) edition. By Edwin B. Cragin, M.D., Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, New York. Revised by Frank S. Mathews, M.D., Instructor in Gynecology, College of Physicians and Surgeons, New York. 12mo of 232 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $1 net.

The aim has not been to make a complete gynecology, but to furnish a ready and reliable method of review, and as a summary of reading from larger works. It has enjoyed popularity, as evidenced by its large sale. In this edition it has been revised to harmonize its text with the latest teaching. The phraseology has been well chosen for conciseness, yet it remains clear thruout. It is one of the best of question compends.—A. L. R.

ESSENTIALS OF GENITO-URINARY AND VENEREAL DISEASES. Second revised edition. By S. S. Wilcox, M.D., Lecturer on Genito-Urinary Diseases at Starling-Ohio Medical College, Columbus, Ohio. 12mo of 321 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $1 net.

The terse facts agreed upon by leading specialists; categorical questions answered dogmatically for the sake of brevity; practically describes this little book in toto. The student is only given the essential facts all are expected to know, as he is presumed later to post himself on theories and mooted points. Direct quotations are made from leading authorities where it has suited the purposes of the author. The text of this edition carries out the original purpose of practical, trustworthy, condensed material, up to the latest requirement.—A. L. R.

FUNDAMENTALS AND REQUIREMENTS OF HEALTH AND DISEASE. In three parts. By Thomas Powell, M.D. Illustrated with many original drawings. Publisht by the Powell Publishing Company, Los Angeles, Cal. Price not stated.

Contains 582 pages of text, with bibliography and an index. The first part of the book or "The New Vital Philosophy," explains the movements of the living organism by showing that they are produced by the vitomotiv power; that this agent has a dynamic equivalent of forty atmospheres; what this mighty power is; from what element of food it is developt, and how it sets the vital machinery in motion. Part two is entitled "The New Etiology and Pathology," and explains the various morbid processes, from congestion and inflammation to necrosis, carcinosis, and tuberculosis, by disclosing the remote and hitherto unsuspected cause thereof. Part three is entitled "The New Prophylaxis and Therapeusis." It discloses the measures, medicinal, electrical, mechanical, thermal, manual, and regimenal, required for the elimination of pathogen, the newly discovered cause of disease. The frontispiece is a full-page engraving of the author. Many quotations are given from standard works and journals, from which the theory of pathogen is workt out. Pathogen is declared to be hemi-albumose, serum albumin or animal protoplasm, an albumin-like material, which is produced by the stomach in its efforts to digest indigestible foods. Cancers "owe their origin to the imperfect elaboration of the albuminoids." Practically all diseases are capable of being brought under this theory. The therapeusis consists in liquefaction, *in situ*, of pathogen, by driving well-known medicinal agents thru the skin by means of electricity. Many reports of cases of cure of chronic diseases, such as Bright's disease, diabetes mellitus, heart disease, tuberculosis, etc., are given. The theory is novel, and opposed to anything heretofore accepted, and the book is very readable. We cannot venture any opinion as to how successful it may be in proselyting the profession, but we unhesitatingly accord the attribute of honesty and enthusiasm to the author, who has labored hard to bring his views before the profession thru the pages of this book.—A. L. R.

TREASURES OF TRUTH. By George F. Butler. Publisht by The Backbone Publishing Company, Ravenswood, Chicago, Ill. Price, 75 cents.

In his preface, the Doctor states that these "Treasures of Truth have come to me with the years, and have soothed, strengthened, and inspired me in the arduous work of my profes-

Digitized by Google

sion." Most of us would like to share in the same variety of inspiration enjoyed by the worthy Doctor, and he has it all set down for us in a neat little readable book at an inexpensiv price. The Doctor is becoming well known for his terse and pithy sayings, and in this book he handles the cheerful philosophy of life in a truly helpful and inspiriting way. His articles embrace: How to Live; Some Thoughts on Work; The Successful Life; Worry and Trouble and How to Overcome Them; and all are well written. It makes a nice little gift, or it will serve well to place on the table in one's reception room (and if so used, some of our patients should derive quite as much benefit from it as from the drugs we order). Any doctor will enjoy reading it, and once read, it will be preserved for a re-reading or for reference.—A. L. R.

THE ANATOMY AND PHYSIOLOGY OF THE FEMALE GENERATIV ORGANS AND OF PREGNANCY, with explanatory text. By Arthur E. Giles, M.D., B.Sc. Lond.; F.R.C.S., Edin. Third edition. Sold by Paul B. Hoeber, 69 East 59th Street, New York, N. Y., 1910. Price, $1.50 net.

Contains 22 pages of text, and a set of folding cuts showing seven illustrations. These illustrations embrace an external view of the female waist, thighs, and pelvis; the muscles of the lower abdomen; a sagittal section of the uterus, showing a head presentation in the period of dilatation during a contraction; head presentation in the stage of dilatation during a pause in the contractions; first position of the head (L. O. A.) after rupture of the bag of waters; expulsion of the head during a strong contraction (side view); expulsion of the head during a strong contraction (front view). There are nine figures in the text.—A. L. R.

ANATOMY AND PHYSIOLOGY OF THE NERVOUS SYSTEM. By Sedgwick Mather, M.A., Professor of Neurology, the American College of Neuropathy. Publisht by John Joseph McVey, Philadelphia, Pa. Price, $1.50 net.

Has 145 pages of text, 16 plates, and an index. It is a concise yet complete presentation of the physiology of the nervous system, with the essential anatomy of the same. Only establisht facts are stated; theories are barred. The structure and functions of the sympathetic system is fully set forth. One may quickly find either the nerve supply of a given part, or as easily clear up any obscure point of the physiology as controlled by the nerve. The mass of material is judiciously condenst, so that one has here all that is ever needed for practical everyday purposes. Devised for beginners, few practicians but what would benefit themselves by placing it beside their anatomical and physiological references. We have rarely seen so small a work so completely fill ordinary requirements of practise.—A. L. R.

SOME COMMON REMEDIES AND THEIR USE IN PRACTISE. By Eustace Smith, M.D., Senior Physician to the East London Hospital for Children; Consulting Physician to the Victoria Park Hospital for Diseases of the Chest. Publisht by Paul B. Hoeber, 69 East 59th Street, New York, N. Y., 1910. Price, $1.25 net.

Contains 108 pages and an index. The author decries the fact that so many young physicians, fully competent to make a diagnosis, are at sea when it comes to prescribing curativ medication, because they have been drilled thoroly in bacteriology and diagnosis, but not in practical therapeutics. He seeks to call attention to a few drugs possessing as great power as they ever had, but which are growing into disuse thru the craze for serums and vaccines and new gods therapeutical. His lectures cover Tartrated Antimony; Internal Use of Oil of Turpentine; Use and Misuse of Iron Remedies; Alkalies in Practical Medicin; Antispasmodics and the Cure of Spasm; Some Uses of Opium; Sodium Salicylate in Certain Serous Inflammations, etc. Much is given here which is too often omitted in the modern text-book, and the little book is a valuable one, especially to the young man in medicin. The author teaches in his few pages an immense amount of practical therapeutics for which every doctor who practises medicin at the bedside, as distinguisht from those who "practise medicin" in the bacteriological laboratory, will have daily use.—A. L. R.

A QUIZ BOOK OF NURSING, for Teachers and Students. By Amy Elizabeth Pope, Superintendent Insular School of Nursing, San Juan, Porto Rico, and Thirza A. Pope, Supervisor of Visiting Nurses of the New York A. I. C. P., with chapters on Visiting Nursing by Margaret A. Bewley, Instructor in Visiting and District Nursing in the Presbyterian Hospital, New York City. Hospital Planning, Construction, and Equipment, by Bertrand E. Taylor, A. A. I. A., and Hospital Bookkeeping and Statistics, by Frederic B. Morlok, Chief Clerk in the Presbyterian Hospital, New York City. With diagrams. Publisht by G. P. Putnam's Sons, New York and London. Price, $1.75.

Contains 461 pages, and an index. It has 20 chapters. The text is in the form of questions and answers, and is plain and terse. There are more than a thousand such questions on nursing proper; about 50 on hygiene; 50 on bacteriology; 350 on anatomy and physiology; 250 on dietetics; and 150 on materia medica. In addition, there are sections on District Nursing; Hospital Construction; and on Hospital Accounting. The two last mentioned are not commonly a part of the curriculum of schools of nursing. The book furnishes just the material the average nurse needs, and places it before the reader in a readily assimilable manner. Many doctors may learn much from this book, and those doctors who are wisely attempting to "raise" their own nurses, will find it invaluable, in instructing the girls under their charge. The "nurse" who has not had the advantages of hospital training will find here the best book printed within any single cover; while the student nurse will be fortified by a careful study of it. We have never seen any book on nursing which we deemed of such certain value to every person interested in nursing.—A. L. R.

CONFESSIONS OF A NEURASTHENIC. By William Taylor Marrs, M.D. Illustrated with original and appropriate drawings. Publisht by F. A. Davis Company, Philadelphia, Pa., 1910. Price, $1 net.

A neat 12mo. of 115 pages, with 8 illustrations. A make-believe autobiography of an imaginary neurasthenic, written by a doctor who has handled such patients. It is both humorous and serious. The layman could extract much amusement from it if he were acquainted with the wiles of the neurasthenic (which he is not), hence it will appear serious to him; it would be amusing to the doctor, if he had not been harast by the innate cussedness of the neurasthenic (which he has). It makes entertaining reading, yet the author sometimes forgets he is a neurasthenic, and writes as the doctor instead of as the patient. It has 18 chapters, covering the neurasthenic's life from early infancy to a mature age. He

Digitized by Google

"investigates" Christian Science, hypnotic suggestion, and "New Thought," besides consulting osteopathic and homeopathic doctors. He diets, avoids germs, travels, lives a retired life, turns cow-boy, cultivates vices, studies medicin, etc.—A. L. R.

HAND-BOOK OF MODERN TREATMENT AND MEDICAL FORMULARY. A condenst and comprehensiv manual of practical formulae and general remedial measures. Compiled by W. B. Campbell, M.D., formerly Resident Physician at the Methodist Episcopal Hospital, of Philadelphia. Second revised edition. Publisht by F. A. Davis Company, Philadelphia, Pa., at $2.50. 1910.

Contains 483 crown octavo pages, bound in flexible cloth. It is divided into fourteen sections for convenience of reference. Diseases are arranged alphabetically, and prescriptions are given under the diseases. The clinical suggestions plentiful thruout the book make it more valuable than the mere publication of really good prescriptions alone. Even the form of drug employed by practicians in the front rank, where there is presumed to be room for choice, is indicated by the method employed. This edition has been improved by the addition of new and useful formulae, and by elimination of a few which failed to measure up to standard. The opportunity afforded for careful revision has been conscientiously taken up by Dr. John C. Rommel. No other book publisht will put up-to-date methods of treatment in the hands of the doctor with so little exertion on his part, or at such insignificant outlay. The doctor who is "weak on therapeutics and prescription writing" will find here a veritable boon, and it will aid the young and green practician amazingly, while the old and "rusty" man will be brightened up by perusing it.—A. L. R.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA. For Students of Medicin and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. Sixth revised edition. Octavo of 709 pages, fully illustrated, a number in colors. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $3.50 net.

The book is a text-book; not an encyclopedia. It is a concise account of the technical procedures necessary in the study of bacteriology, a brief description of the life history of the important pathogenic bacteria, and enuf description of pathological lesions consequent upon bacterial invasion to give an idea of the origin of symptoms and the causes of death. It has nothing on nonpathogenic bacteria nor upon pathogenic protozoa. It has numerous references to original papers, of use chiefly to the advanced student. 162 pages are devoted to the acute local infectiv diseases; 103 pages to the chronic local infectiv diseases; 72 pages to toxemias; 129 pages to the bacteremias; and 18 to the unclassifiable diseases. It will thus be noted that it is well balanced. We know of no better book in its field, and every doctor needs it, for the insight it gives into every-day conditions is extremely important. The new edition has given opportunity for the author to bring it abreast of every late advance.—A. L. R.

PRACTICAL HANDBOOK OF MEDICAL ELECTRICITY. For Students and Practicians. By Herbert McIntosh, A.M., M.D. Containing over 200 illustrations. Publisht by the Therapeutic Publishing Company, Boston, Mass. Price $3.

The effort is made to present a more adequate treatment of the physics and physiology of electricity than is found in the ordinary works on physical therapy. Unless one have such knowledge, he cannot be expected to impose any confidence in the utility of physical therapy. The man ignorant of such knowledge can only use electricity in an imitativ or empirical manner; once he possesses this information, his therapeutical efforts become instantly rational. The book is divided into two parts; the first dealing with electricity, radium, and light; and the second with specific diseases in which electricity is curativ. This class comprises diseases of women; of the genito-urinary system; of the rectum; of nose and throat; of the eye and accessory apparatus; of lungs and heart; of the alimentary system; of the skin: of the nervous system; acute articular rheumatism, arthritis, and miscellaneous diseases. It is a very plain and instructiv little book, and one which many who think they are intelligently using electricity very much need.—A. L. R.

MEDICAL DIAGNOSIS. A Manual for Students and Practicians. By Charles Lyman Greene, M.D., St. Paul, Professor of Medicin and Chief of the Department in the College of Medicin, University of Minnesota; Attending Physician St. Luke's Hospital and the City and County Hospital; Chief of the Medical Clinic in the University Hospital; etc. Third edition, revised, with 7 colored plates and 249 illustrations. Publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa., 1910. Price, $3.50.

Contains 686 pages and an index. Bound in dark, flexible leather, with gold edges. Tho less than three years since the last edition appeared, the rapid advance of medicin necessitates many changes. Much text has been rewritten, all of it has been thoroly revised in accord with the latest knowledge, and the arrangement of the book has been improved. The value has increast without addition to the bulk. It faithfully and concisely presents in readily assimilable form the best practise of the day. It is neither a compend, nor does it pretend to supersede the voluminous work, yet it has all the information one ordinarily needs for every-day practise. Marginal notes and running page headlines supplement the index. The illustrations are numerous; tho small, they are distinct. The plates are exceptionally good for a work of this size. Many cyclopedias of medicin which are growing out of date, could be supplemented and complemented by placing this little book beside them, for it is thoroly trustworthy and accurate.—A. L. R.

THE ESSENTIALS OF CHEMICAL PHYSIOLOGY, for the use of students. By W. D. Halliburton, M.D., LL.D., F.R.S., Professor of Physiology in King's College, London. Seventh edition. Sold by Longmans, Green & Co., Fourth Avenue and 30th Street, New York, N. Y., at $1.50.

Contains 266 pages and an index. Completely revised to date. Practical exercises in small type, and descriptiv and theoretical parts in larger type. The elementary and advanced courses are separated. There are 71 illustrations. The student who masters this book will have an intelligent comprehension of physiological proximate principles. Every practician of medicin needs the knowledge contained in this book, but many are ignorant of this branch of work. This book can be studied by such men with advantage, while the medical student will find it an aid, whoever may be his instructor, or wherever may be his school. The text is plain, concise, and amply sufficient for ordinary purposes of study or every-day practise. 195 pages are given to the elementary, and the

Digitized by Google

remainder of the book to the advanced course. The author knows the needs of the average man, and has met them in a creditable and satisfactory way, so that the reader may readily assimilate the information given without too great an outlay of time.—A. L. R.

THE EXAMINATION OF THE FUNCTIONS OF THE INTESTINS BY MEANS OF THE TEST DIET, and Its Application in Medical Practise, Including Its Diagnostic and Therapeutic Value. By Prof. Dr. Adolph Schmidt, Physician in Chief of the City Hospital, Friedrichstadt in Dresden. Authorized translation from the German by Charles D. Aaron, M.D., Professor of Diseases of the Stomach and Intestins in the Detroit Post-Graduate School of Medicin; Clinical Professor of Gastroenterology in the Detroit College of Medicin; Consulting Gastroenterologist to Harper Hospital, etc. Second revised edition. Publisht by F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa. Price, $1 net.

Contains 114 pages, bibliography, and index. It is an effort to make the use of the text diet applicable to the needs of practicians, so that the same thoroness of examination of functional activity of the intestins may be obtainable as is now the case regarding the stomach. The author appreciates the difficulty of the attempt, but feels that he has succeeded. This edition has a revision of his original plan and a number of new illustrations added. Translation into Russian and English (American) has convinced the author that his plan is now practical. The little book goes into details, so that any physician may easily follow out the pioneer's plan of technic.—A. L. R.

PRIMER OF SANITATION. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Being a simple work on disease germs and how to fight them. Illustrated by Karl Hassmann. Publisht by World Book Company, Yonkers-on-Hudson, New York. Price, 60 cents.

The author says that "Our country can only hope to shake off completely the burden of preventable disease when a generation of American citizens has been systematically instructed in the principles of sanitation." He has nobly done his part, for it is the biggest little book we have ever seen. It is the only attempt to teach the principles of bacteriology and sanitation to children of school age that we have seen that could be commended by any man of sense. We are astonisht at how easy he has made it for the children to grasp causes and effects in such manner as will enable them to protect themselves from preventable disease. It is impossible to commend it too highly. for it is a book that every doctor can indorse to any school board he may meet.—A. L. R.

MEDICAL ETHICS AND COGNATE SUBJECTS. By James S. Sprague, M.D., Perth, Ontario, Canada.

Contains 248 pages. The author happily combines amusement with practical instruction. The work is a compilation of matters of interest to all medical men, yet the author is the originator of over twenty of the articles. Many of the extracts are not to be found elsewhere, and consist of the best things in verse and prose that have been said about the medical profession. The young practician could buy no other single book which would be certain to put within him a pride in his profession and a sense of the high honor of his calling. The old doctor could while away his hours no more pleasantly than by its perusal. Many of the selections are well suited to social entertainment, public or private. It makes an admirable little book for the office table, for any layman may read it with a certainty of deriving benefit from it; and any doctor will know that nothing the layman finds within its covers will harm him or the profession. We are glad that it has been written, and we are glad that we have had the opportunity of reading it, for we cannot criticize it.—A. L. R.

THE ERRORS OF MIND HEALING, compared with the miracles of Christ and His disciples in the healing of the afflicted, as viewed by a physician. By Reinhold Willman, M. D., St. Joseph, Mo. Publisht by the Advocate Publishing Company, St. Joseph, Mo., 1909. Price, $1.

Contains 171 pages and an index. The author writes from the viewpoint of a "Christian physician." He devotes the first 100 pages to a consideration of the miracles of Jesus, chiefly the "healing" miracles, and the rest of the book he devotes to "puncturing" all other classes of miraculous or mystical healing, as Dowieism, Christian Science, Emmanuelism, etc. He is inconsistent in urging with such vigor the mysticism of his own choosing, and denying all others.

Speeches are now reported verbatim by shorthand; yet speakers well know that many errors are made. If a reporter were to wait till the next morning after the speech was made, he would make many more errors. If he would wait a month, the speech which he would write would be vastly different from the speech as made. But suppose he would wait a year; suppose he would wait 5 years! suppose he would wait 10 years!! or 20 years!!! or 30 years or more!!!! What would be the degree of accuracy of reports of remarks or events after all this time? In this connection, see the record of the approximate dates of the writing of the Gospels and the other books of the New Testament, quoted from an orthodox authority, in April WORLD, page 185. Dr. Willman staunchly believes all the reports of healing miracles and all other miracles reported in the above way, among a credulous people nearly 2,000 years ago, yet scoffs to scorn all "remarkable cures," etc, of all classes of mystics in our own time! It seems to me that this is very inconsistent, to say the least. If I believed in any mysticism, consistency would demand that I at least give a patient hearing and a credulous consideration to *all* mysticism. If any is true, I would consider that attested to in our own time—a "scientific age"—which we have at least some opportunities to investigate if we wish, much more worthy of credence than reports made many centuries ago, written many years after the alleged occurrences, with all the exaggerations and legendary accumulations occurring between the time of the alleged occurrences and the time of taking permanent written form. In this discriminating age, a religion must stand or fall according to its great all-pervading truths, rather than upon alleged supernatural occurrences.—C. F. T.

MEN, THE WORKERS. B. Henry Demarest Lloyd. 267 pages and index. Publisht by Doubleday, Page & Co., New York.

This is a handsome volume, containing a collection of the addresses and speeches of Mr. Lloyd. It is well that this valuable material is thus put in permanent form for preservation. Thus Mr. Lloyd, tho dead, continues to live in spirit.

Digitized by Google

OUR MONTHLY TALK.

If I had been one of the staunchest advocates of Mr. Taft's election, during the campaign, I could not have been a more hopeful and patient supporter of him since he has become President than I have been. This I consider a patriotic duty, when at all consistent with conscience. I wish to assume that the opponents of Mr. Bryan would have treated him as considerately, had he been elected President, or if he shall ever be elected President. The republican papers have been far more ready to criticize President Taft than my pen has been. However, the people have the unreserved right to speak as emphatically as they please by means of their ballots, when the opportunity presents, and they have had two such opportunities recently. A few weeks ago a congressman in Mass. was elected on the democratic ticket in a republican stronghold. That was a severe shock to administration circles in Washington, and many explained it as "one of those accidents"; or "due to local conditions." But yesterday (April 19th) another congressman was elected in New York State (both these elections were to fill vacancies caused by death), and this was a greater democratic landslide than the Mass. case, a republican plurality of 10,000 being changed to a democratic plurality of 5,900! Here is another and greater shock. The cause of this great change is generally considered to be popular dissatisfaction with the tariff revision, which was to have been downward instead of upward. I think that this disaffection could have been, and could yet be, prevented by *real* progress on the Taft program, embracing postal saving banks, anti-injunction, conservation, inter-state commerce, etc. As yet, not one of the Taft measures have been enacted into law. In the meantime, our President is still running about addressing all sorts of meetings, as tho it were the plan of his managers to keep him busy in this way, and perhaps wear him out—while time is flying and nothing is being done.

The two elections above mentioned have been political sensations; but two others, announced in the past few days, are as great sensations. I refer to the announced intention of Senators Aldrich of Rhode Island, and Hale of Maine, to retire at the end of their terms next March. Just what deep meaning underlies these announcements will come out later. But it does seem that the conservativ, the reactionary republican forces, are going to pieces very fast.

Arkansas to the Front.

What I wish to speak of chiefly this month is not National politics, but Arkansas. On the second Monday of next September Arkansas will vote on an Initiativ and Referendum constitutional amendment. This means much to progressiv minds all over the country. The good people of Arkansas have never had so good an opportunity to prove their faith in true democracy. This kind of an amendment has, in recent years, been submitted in eight states, and has never been defeated. The majority has sometimes run as high as eleven to one in favor, and we want Arkansas to make a record of 100 to 1. The only danger is indifference and lack of information. If the good people of Arkansas are informed of this grand opportunity to serve the interests of pure democracy, they will do their duty. The task is to get this information to them. This problem has been weighing upon my heart for a long time. If I could, I would go right down there and stay till September, and endeavor to rouse the people of every county in that great state. But my work is here, so I will have to work from this end, but I will ask every doctor in Arkansas to work with me and for this great cause.

A copy of this issue of THE WORLD will go to every doctor in Arkansas. There are 2,535 doctors in Arkansas; 533 of them are WORLD subscribers (more of them should be, and I hope will be). I would willingly give 2,000 WORLD subscriptions to have the people of Arkansas do their duty as they should next September. The importance of concentrating on Arkansas at this time is not to carry the amendment. It will be carried all right. But the object is to carry it with such an *overwhelming majority* that it will be an example to the other states, particularly the other Southern states. A majority of 100 to 1 in Arkansas this year will make our work easier in every other state next year, and in future years, until the people have their "Magna Charta" in every state in the Union; and then we can talk about the use of Direct Legislation by means of the Initiativ and Referendum in National affairs. Every state which we gain will be one more step toward true self-government in this great country.

The doctors of Arkansas can do it. Now, let's go to work. You know the little quarterly that I publish, called *Equity*, devoted chiefly to Direct Legislation. (See adv. on page 20.) Here is a clipping from the April issue:

> At the state election, early in September next, the people of Arkansas will vote on the Direct Legislation amendment. Another amendment will be submitted at the same time, providing that all money invested in the manufacture of cotton materials for the next ten years be exempted from taxation for seven years.
>
> According to Arkansas law, amendments to the constitution adopted by the previous legislature must be publisht in a paper in every county for six months prior to the elections. According to this, the publication of the above-mentioned two amendments was started the first week of March.
>
> It is an interesting fact that during the pending of the Direct Legislation amendment in Maine, it was opposed by practically every republican newspaper, and every republican politician of note labored during the summer of 1908 to defeat the proposed amendment at the polls. Yet the people of Maine (mostly republicans) carried the amendment by a magnificent majority. Let us hope that the democratic papers in Arkansas will support the Direct Legislation amendment; and also the democratic politicians in Arkansas; but whether they do or not, we hope and predict that the good people of Arkansas (mostly democrats) will carry the amendment by even a larger majority than the Maine republicans did. Assuming that they will, we have a demonstration of the fact that Direct Legislation is nonpartizan; that it is a thing that belongs to the *people* and is above party. When the people of Maine and the people of Arkansas can vote for the same thing, even tho that thing may be opposed by politicians and partizan newspapers, we have incontestable proof that such a thing is a good thing for the people. We hope to see Arkansas carry this amendment by the largest

Digitized by Google

"Tell" may be separated from THE WORLD by cutting this leaf on this line. Then "Tell" without the medical part may be passed among her friends, or given to the editor of the local paper to copy from.

vote that has ever been cast in the state—we hope that our Arkansas friends will come as near carrying this amendment unanimously as possible; and this means republicans as well as democrats, for Direct Legislation is a good thing for the masses of the people, whether republicans or democrats, and whether in Maine or Arkansas.

Eight states now have an Initiativ and Referendum constitutional amendment. They are South Dakota (adopted in 1898), Utah (1900), Oregon (1902), Nevada (1905), Montana (1906), Oklahoma (1907), Maine (1908), and Missouri (1908). Arkansas is the only state that votes on an Initiativ and Referendum amendment this year, and the friends of real self-government everywhere are looking to the voters of Arkansas to acquit themselves nobly. He who opposes this amendment condemns himself.

No state has yet defeated such an amendment, and the majorities have ranged from about 3 to 1, to about 11 to 1; let Arkansas make a record of 100 to 1—or even more than that; for none but those who wish to exploit the people will oppose it.

I am sending April *Equity* to every newspaper in Arkansas, with the above article markt with blue pencil. It is desired that every editor in Arkansas who believes in pure democracy—that is, real government by the people—shall do his rightful share in informing his readers concerning this amendment between now and September. Editorials and articles should appear in every Arkansas newspaper, explaining Direct Legislation (that is, the Initiativ and Referendum). Now, will every doctor in Arkansas call on his local editor and mention the fact that a markt copy of April *Equity* has been sent to him? Will you and the editor together examin April *Equity?* You will both see that April *Equity* gives (as every issue gives) much information concerning this important movement for pure democracy. *Equity* is the only publication devoted to this movement, and it costs me several hundred dollars per year and considerable work to sustain it, but the cause is well worth the sacrifice. And this cause *must* go on, at whatever sacrifice, for it is the only way that the people can in future escape the danger from the trusts, combined capital, politicians, and the saloon influence in politics. This movement is as important as the formation of our constitution just after the Revolutionary War. The people are now better educated, and they are now exposed to dangers that had not arisen at that early date, so it is now necessary to put more power directly in the hands of the people.

After you have enthused your local editor, so that he will reprint the above and other articles from April *Equity*, and write editorials on the subject and try in every way to inspire his readers to go to the polls and vote for the amendment, then please go to your pastor and show him that here is a thing worthy of mention to his flock. I know of a man to whom Direct Legislation is a *religion*—he says it is his religion because he sees what an immense benefit it will be for the people for all time; and he devotes all the time and effort he possibly can to its promotion, just like an evangelist. The clergymen (of *every* denomination) can greatly promote this movement in your state, but I will have to rely on you to carry the message to them, and inspire them with an interest in the cause—truly a holy cause.

Compel the Politicians to "Be Good."

Then you might talk to your local politicians, and show them that it is no use to oppose this movement, for the people should and will have their own, and that they would better "get on the band-wagon"—to save their own hides, even if it is not in their hearts to serve the true interests of the people. Then, Doctor, you can talk to business men, and all other men of influence in your community—and don't forget your own influence with the individual voter, as you go about among your patrons, ministering unto them. But don't go to saloon men nor whiskey interests. Those interests are against direct rule by the people, or local option in any form. A few whiskey democrats in the Nebraska Legislature last winter prevented the submission of a Direct Legislation amendment in that state, and now the people of all parties have combined to *demand* it of the next legislature. See pages 61 and 62, April *Equity*. A whiskey democrat in Nebraska or Arkansas is just as bad as a whiskey republican in Pennsylvania. In fact, the only people who have an interest in defeating the Initiativ and Referendum are the saloon interests and those who wish to exploit the people by stealing franchises, etc. For example, in Missouri (which adopted the Initiativ and Referendum only in 1908), under this amendment the people of Kansas City saved over $100,000 (perhaps it was several hundreds of thousands of dollars—I am writing this from memory) by defeating a street railway franchise proposition. Thus the boodlers have no chance when they must deal directly with the people; they can corrupt the politicians, and enuf of the officeholders to carry their point; but it would not pay them to even try to corrupt the people. Only the whiskey men and the franchise grabbers want to restrain the rights of the people. Can't you make them look very, very small after the election in September?

Instruct the Voters.

How many voters can you influence directly? Let us figure out how the doctors could themselves carry this amendment by an immense majority. The population of Arkansas is given as 1,421,575. It is calculated that 1 in 5 of population is a voter. According to that, there are 284,315 voters in Arkansas. The American Medical Directory gives the total number of physicians in Arkansas as 2,535. Will not the clientele of each doctor average 100 families? If so, with one voter to a family (there are sometimes more), these 2,535 doctors could influence and instruct 253,500 voters for the Referendum amendment. This would be 30,815 short of the total. But all the voters do not vote anyway. The votes cast in Arkansas at the 1908 presidential election were as follows. 87,043 dem.; 56,947 rep.; 5,000 socialist; 1,000 prohibitionist; 500 independence; 500 populist. These added together amount to 150,990 as the total vote. Do you know any of the above parties that will oppose the Referendum amendment? The democratic party should not, for the Initiativ and Referendum has repeatedly been in democratic platforms, both state and National; and it was a democratic legislature that submitted this amendment to the voters of Arkansas, almost without opposition. The republicans should not oppose the amendment, for South Dakota, a republican state, was the first to submit and carry this kind of an amendment; and republican Oregon carried the amendment in 1902 by the magnificent

Digitized by Google

vote of 62,024 to 5,668, and Oregon has since done more with this method of government than any other state; and republican Maine in 1908 carried the amendment against the opposition of the politicians and most of the newspapers, by the surprising vote of 51,991 to 23,712. And all the above-mentioned minor parties in Arkansas should vote unanimously for the Referendum amendment, and they doubtless will, for they are all familiar with it and strongly in favor of it. And what have we left to oppose it? Only a few renegade democrats and republicans who may be influenced by the saloon interests or the lower class politicians, and, in cities, some scheming franchise grabbers. The only real danger is the lack of interest and information among the masses of honest voters. They will not vote against the amendment unless they are deceived into it; but they may not vote on the amendment at all unless they are instructed as to its meaning and importance. This is what the newspapers, doctors, preachers, etc., should do; for we want to not only carry this amendment, but we want to carry it with such a tremendous vote in its favor that every other Southern state will "sit up and take notice."

Let Us All Make Sacrifices.

I said above that I would willingly give 2,000 WORLD subscriptions for the rest of 1910 to see the fair state of Arkansas do her full duty by this *people's* amendment; and I mean it. There are 2,535 doctors in Arkansas; 533 of them are already WORLD subscribers. To those who are not subscribers I will make the following proposition: Write me a letter saying that you have done all, or at least some, of the things that I have above suggested that doctors do, particularly securing the interest of your local editors in the matter, to the effect that your local papers will support the amendment, urging their readers to be sure to vote for it, and that you will embrace every opportunity from now until election day to call the attention of voters to the importance of voting "yes" to the Initiativ and Referendum constitutional amendment, and I will cheerfully credit you as a paid subscriber for the remainder of 1910. You will be paying me in *service*—not service to me, but service to a cause that I hold dear at heart, and for which I am willing to sacrifice money, time, subscriptions, or anything else at my command. True, you will be serving yourselves and your state much more than serving me, but I am willing to pay you in the above-mentioned way. Don't be afraid of swamping me. I would like to get a letter from every non-subscriber in Arkansas to the effect that he has rendered the above-mentioned service to his state, at my request, and upon the above-mentioned terms. And to our subscribers, I will say that I will reward them for services in any way that may seem fair: credit them for half or all of next year (1911), send a WORLD Binder and an awl for punching, give a yearly subscription to *Equity*, or send Equity books (see adv. page 20) to the extent of 50 cents, or more if unusual service is rendered. These rewards seem small, but think of them when they are multiplied by the possible number; for example, one Binder sent to each of our 533 subscribers would amount to quite a little sum, the postage alone at 10 cents each amounting to $53.30. And you know, medical editors do not get rich. But they can make sacrifices for the good of the country and of humanity, and so can doctors. Arkansas is the only state that votes on a Referendum amendment this year, and we want to make it a record vote, for the reasons above mentioned. Arkansas has never had such an opportunity to distinguish herself, and she will never have another such an opportunity.

In the book entitled "The City for the People," in the list on adv. page 20, you will find all the arguments for Direct Legislation. If you wish to study the subject, or if you know a speaker or writer who wants to post up, send us half price, 25 cents, or render services as above described, and we will send you a copy with the Direct Legislation (Initiativ and Referendum) portions markt. You will be surprised at the value of this book. There is no need to conduct a controversial campaign on this subject; all that is needed is an *educational* campaign. There is no danger of any considerable number of the Arkansas voters voting against this amendment; the only danger is that many of them may fail to vote *for* it thru lack of information, hence not realizing its importance.

Now, during this month of May please demonstrate that Arkansas has become activly interested in this matter. I hope that *every* doctor will feel appointed a special committee of one to see that his state does herself proud in the September election. I will feel disappointed if I do not get hundreds of applications for rewards as above offered (which may be very small to each individual, but they will amount high in the aggregate, but I will be very proud to faithfully fulfill my promises). The doctors in the rest of the country will look forward to June Talk to see the report from the Arkansas doctors. So please do not delay "getting busy" in this matter, and report progress promptly.

* * *

Class Meeting.

Let's make it class meeting now, instead of camp meeting—that is, just quiet *little* talks among ourselves. I have at last gotten the stream of religious letters about stopt, and before long I hope to be able to go over that big pile of accumulated letters on religious subjects, many of which have not yet been read, excepting sufficiently read by the mail clerks to mark them "religious" and refer them to me. I will take up a few from time to time as texts for *little* heart-to-heart talks. During the past year we have passed thru quite a religious storm in these pages. No other editor, particularly no other medical editor, would have attempted such a thing. They would have been too afraid of losing subscribers. But losing subscribers is not the worst thing that can happen to an editor. I think it is worse to *fail* to do what one conceives to be his duty than to lose subscribers. I have always lost subscribers, but that fact has not changed my course after deliberately deciding on the same. And while I have always lost subscribers, I have always *gained* subscribers, and the gain has usually been far greater than the loss. I long ago decided that if I couldn't be an editor and a *man* at the same time, I would cease to be an editor, and continue to be a man.

Our religious discussions during the past year have proven that *most* doctors *can* discuss religious matters in that calm, modest, tolerant spirit akin to the scientific spirit. That proves a great gain. A generation ago, or less than a generation ago, it could not have been done. Then every one was "cock-sure" concerning *his* religion or church.

(*Continued on page 18*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII JUNE, 1910 No. 6

Please note above, that the subscription price is raised to $1.50 per year; but that a *discount* of 50 cents is made when subscription is paid in advance. These terms are made necessary by the new postal regulations, which forbid subscription credits as formerly, except at a greatly increast rate of postage.

Subcutaneous Injection of Air in Neuralgias.

Dr. M. S. Elliott, of Lander, Wyo., sends us an article by Dr. A. P. Condon, of Omaha, Neb., referring to the treatment of neuralgia instituted by Professor Cordier, of Lyons, France. A large hypodermic syringe needle is attacht to a Pollitzer bag, and a little absorbent cotton inserted into the rubber tubing used to attach the needle "as a filter against germs, which otherwise might be injected with the air." The needle is inserted as in the ordinary hypodermic injection, and air is slowly driven into the tissues till one half to one pint is injected. After withdrawal of the needle, vigorous massage is made over the site of the puncture. The swelling is painless. "A complete cure may follow after one injection, but it is usually necessary to give two or three injections at intervals of from six to eight days." Dr. Condon does not regard the possibility of air embolism being worth considering. He also declares that he has no idea why such injections relieve obstinate pain.

Our family is askt if there is any danger in using it in the neck or shoulder for treatment of facial neuralgia, and our subscriber wants to be told what we think of it.

In so far as any danger is concerned, it would, of course, be from emphysema; this we consider as unlikely to happen from injection of not more than one pint of air when well massaged thru the subcutaneous tissue. We are, moreover, in the same position as Dr. Condon, for we do not see "why" any relief is obtained, and we do not believe an extended trial thru a series of cases will show satisfactory results. We are positiv that if any physician will propose treating a case of neuralgia by injecting air and promising to return in "six or eight days" to repeat the injection, that he will find another physician in charge of the case when he returns. Without any discussion of the ethics of the use of morphin in neuralgia, we can only call attention to the fact that the laity know of the almost immediate cessation of neuralgic pain under its influence, and that no man will endure the tortures of neuralgia for "six or eight days" when he knows he can be relieved in as many minutes. Especially obstreperous would the patient be likely to prove when one could give him no further assurance regarding the treatment than that a complete cure "may follow one injec-

Digitized by Google

tion," but that it is likely to take two or three injections, and that it may take twenty-four days to bring him relief. Dr. Condon says he "has treated in the neighborhood of forty cases with the most gratifying results." Such a statement is distressingly vague, and the Doctor has been treating patients constituted much differently from any human beings we have ever met in the sick room.

We have learned to be very chary of treatments which could not be assigned any theoretical or logical reason for their existence, and we must likewise be excused from indorsing any treatment recommended by any one who has treated in the *neighborhood* of a certain number of cases. If any man has a new treatment of merit, and has treated forty cases by it, and has obtained a cure or relief in a considerable proportion of them, let him tell his story by cases, giving symptoms and diagnosis in each individual case; then follow with a truthful account of success or failure. Such reports inspire confidence and instill faith; remarks like those above quoted do not tend to create either.

Constipation in Young Children; Treatment.

Every physician in general practise sees cases of constipation in infants and young children frequently. Many of these cases are not seen until the condition is actually serious, for the mother has generally been dosing the child with castoria or castor oil till "they don't work any longer" before she consults the physician. We are ashamed to say that the ordinary treatment prescribed is divided doses of calomel, which, of course, "works," and the symptoms are relieved for a day or so; but the child is quickly found to be in the same deplorable condition as before. If the "astute" physician learns in his questioning that the mother has not used enemas till they, too, have outlived their usefulness, he is very prone to suggest that his medication be followed by a daily enema of varying composition. If, however, as is often the case, he learns that the mother has destroyed the tone of the rectum by long continued enemas, he is commonly content to prescribe the calomel and direct the mother to "return if the child does not do well." If the child be old enuf, and if the practician really be trying to do his duty so far as he knows it, he will add some directions regarding diet, and does this altho he knows by experience that such directions are almost universally futil and barren of actual results.

These facts are well nigh universal, both in city and country, and it is a condition bordering perilously close to actual malpractise. The poor, defenseless child has been shamefully maltreated by the loving mother, who is doing the best she can; then, when taken to the medical adviser, is tendered nothing which could be reasonably expected to promote a cure of the actually diseased condition maintaining. It is deplorable. These are the cases which develop during the summer, pronounced autointoxication, and this we know is a frequent source of conditions which are generally serious, and oft-times actually fatal. At the least, such a condition commonly ends in an attack of vomiting, high fever, prostration, with or without diarrhea; sometimes cholera infantum follows.

It is no answer to say that the mothers cannot carry out the hygienic procedures necessary to promote a return to normal conditions, or that the mother is not sufficiently imprest with the gravity of the situation to feel impelled to go to the necessary trouble. Generally, alas, the mother is worse "frightened" than the doctor. The mother is generally actually distrest about the condition of her baby, while the doctor knows she can always return for more calomel, and moreover that he can increase the dose as needed to produce results. Every doctor following such practise, if he has been afforded even a medium grade medical education, knows that he is doing wrong. He knows that his treatment is no cure for the existing condition. He knows that the child's health and life are in actual jeopardy so long as the condition maintains. He knows most certainly that the child is forming "bowel habits" which will weaken its constitution and undermine its health, and which will rapidly become incurable, so that all thru its life it will be a victim of constipation because of his indifference or ignorance. He well knows all the long train of troubles which follow and complicate aggravated constipation. He is familiar with hemorrhoids, fissure of the anus, fistula, torpid livers, prolapsus of the rectum, etc. Then why, oh why, does not the average doctor go after these cases intelligently, and cure

Digitized by Google

them? It may be many do not know how. In hope that the following suggestions will do much good for humanity and suffering childhood by teaching those who do not know how, and by prodding into activity those few who do know how but are too indifferent or lazy to set about doing the right thing, we have written this article. We claim no originality in the matter, but we have seen too many such cases neglected to fail to recognize that the medical profession, in this special regard, is doing a great harm to humanity. We would fail in our duty if we did not call attention to the matter, and do it emphatically. The season is fast approaching when the most serious results follow such conditions in children, and every honest doctor needs to be on his guard.

If the child be old enuf to use cereal food, let it be taken for the morning and evening meal. It is much better eaten with sugar and butter than with milk or cream. In fact, both milk and cream should be excluded as nearly as possible from the dietary of constipated children. If the child refuse to take the cereal food without some milk, let it be strictly limited—not over two ounces being permitted. After the fifth year dates, figs, raw and cookt fruits, baked and stewed potatoes, meats, poultry, and fish are permitted. An apple, orange, peach, or pear should be given the child once a day, preferably in the afternoon.

The treatment which will cure practically every case is that of injections of oil into the large bowel, high up. Oil rots the rubber of the ordinary syringe, and it is best to obtain an ordinary soft rubber bulb syringe with a hard rubber nozzle, having a capacity of about four ounces. To this nozzle, attach a small rectal tube or a No. 18 American gauge soft rubber catheter, cutting enuf away so that but nine inches will remain flexible after it is attacht to the hard rubber nozzle. Fill the syringe with oil, place the child on his back or left side, the Sims position being preferable when tolerated, lubricate the catheter with oil, and pass it gently into the rectum for the full nine inches. A little practise will enable this to be done easily. After the required insertion is obtained, expel the oil slowly, and withdraw the catheter. The injection is given after the child has taken his bed for the night, and the object is to retain the oil till morning. If the bowels move, or if the oil leaks out of the anus during the night, the quantity is to be reduced. The proper quantity is learned by a few nights' experience. Some will not tolerate over an ounce.

The following morning, after the breakfast, the child is placed on the commode and allowed to remain there till the bowels have moved, or at least for fifteen minutes if there is no motion. In event of there being no motion, a glycerin suppository, adult size, is used. This rarely or never fails. If there is failure, the treatment will have to be reinforced temporarily with drugs. Phenolphthalein, ½ to 2 grains nightly, appears to act splendidly in the majority of instances, and without formation of a habit.

When the child has the morning evacuation regularly for two weeks without administration of drug or suppository, the oil may be omitted for one night. If the usual passage occurs in the morning, the oil is resumed for five nights, and again suspended, often not requiring to be resumed. Sometimes it will be necessary to give it every second, third, fourth, or fifth night. The majority of cases are cured in two months, many in much less time, but the treatment should not be suspended under three months if the cure seem incomplete on omitting the oil for a night or so

This will not produce a habit. The technic is easily taught any mother of average intelligence, and the materials are not expensiv. Ordinary oliv oil is employed, and may be purchased from wholesalers by the gallon. There is no excuse for any practician permitting any of his little patients to continue to suffer from constipation and its sequellae, or for his dosing and doping them with any cathartic medicin. It is generally conceded by all men of experience that they have never cured constipation by the use of cathartic medicin; then why stultify ourselves and work a positiv injury upon our little patients and their trusting mothers?

Business Talk to Doctors.

Well, how about business in June? Most of the state medical societies meet in May, because that is usually a slack month in practise, and the doctor needs a little "jaunt" after the strenuous work of the winter and spring. June is almost or quite as slack in practise in most sections, and in

Digitized by Google

that month our National medical association meets—I cannot just now bring to mind the dates of the meetings of the homeopathic and eclectic National associations, but I think the former is also in June—at Los Angeles this year. Here are indications that May and June are slack months in *practise;* but how about *business?* Did you, in May, use the opportunity afforded by the less strenuous demands of practise to see that your books were in perfect, up-to-date shape, and scan over your accounts to see if any were being neglected? If you did not, will you do it this month?

There is a dietetic saying: "It is not what we eat, but what we *digest* that makes us strong." So, it is not the practise that we *do,* nor the amount that we *book,* but what we *collect,* that makes us prosperous. If you will keep that thought before you, it will add to your prosperity. This brings to mind the collection letters. Dr. J. W. Richards, of Mechanicsville, Iowa, sends $3 for renewal of subscription and says:

I want to thank you for your suggestions concerning collection letters in WORLD during the latter part of 1909, which I tried, and with wonderfully good results. They certainly did bring in the collections; and many that I never expected to get a cent from came in and paid up in small amounts, and really felt ashamed, yet glad that the account was made smaller; and in a few cases, paid up in full with interest.

Here is another proof that you can do the same, if you only *will.* If you have not sent collection letters out to your patrons, see "Business Talk" in December, February, and March WORLDS and *get busy* now when you are not so busy in practise. The winter and spring diseases have now (in June) disappeared, and before the summer diseases begin, attend to *business*—that is, realize on the work you have already done. After reading the forms of collection letters found in the numbers just referred to, you may conclude that something written for this particular season will suit better. Let us see what we can do; we will try to make it suit this particular time—and I wish you were sitting right here by my side, so we could do it together. I will imagin that you *are* here, and we will write something as follows:

Mr. — — ———:

DEAR SIR:—I have been busy attending the sick all the past winter and spring—too busy looking after the interests of others to give any attention to my own interests. Now that glorious June has come, and the general health is good, I have a chance to rest up a little (not so much night work and hard riding in inclement weather), and also to give some attention to my accounts. I would make more money if I were a better business man; but the fact is, a busy doctor has no *chance* to be a business man. However, just now I have an opportunity to get my accounts in shape, and am sending statements to all my patrons, and ask them to kindly respond promptly. Many of these accounts should have been settled long ago, but maybe you were waiting for a statement, and I was too busy attending the sick to send it. Therefore I can reasonably expect prompt attention to the same now—just as you expect your doctor to respond promptly to your call when you are sick.

If you cannot pay *all* of the account just now, call and pay part, and I will take your note for the balance. Be sure to call and see me, any way, and promptly, and we will fix the matter up some way, for when the sick season begins again (summer complaint, fevers, etc.), you may have to call several times without finding me. The doctor is the only man in the community who has to neglect his own interests for the benefit of everybody else.

Kindly either mail check or call and settle.

Yours for service,

— — ———, M.D.

This is rather a long letter, so you can eliminate freely from it those portions that do not apply, and supply other matters as freely, if you desire. This form is only suggestiv; but it may be modified to suit any doctor's practise. When I suggested this plan of collecting, in December last, I calculated that it would be worth many hundreds of thousands of dollars to the medical profession of this country, if adopted. And so it would, for those who have adopted it have invariably reported success, usually far greater than they expected. But this plan won't work for you unless you *use* it. Please read again the Business Talks above referred to, and compare the letters with the one above, and go to your printer and have the thing done. I want the medical profession of this country to be prosperous; and am doing all I can to that end; but in many cases it is difficult to move the individual doctor to do something for himself, even when the way is pointed out clearly.

The above shows how to be your own collection agency. And in this connection, see the following from Dr. C. G. Rancourt, of Waterville, Me.:

THE MEDICAL WORLD:—In 1905 a smooth-faced fellow representing the Consolidated Adjustment Company, of Chicago, having with him several bank references, called on me many times. I paid them $130.55 and they guaranteed to collect from the claims $418.52 in three years or refund the money, $130.55, as you will see per the contract. I collected thru them in all $11, on which they claimed $3.37, which I paid. At the

Digitized by Google

end of the three years I wrote them asking them to refund. I inclose their answer.

After that I sent the contract to a Chicago lawyer. He kept it one year and then returned it, saying that he could not do anything. Answer inclosed. You will see how fraudulent are the contracts, by the answer of the Chicago lawyer. I intend to correspond with another lawyer to find out surely if there is absolutely no redress. You fight a good battle when you talk business to physicians.

This is another case of misplaced confidence. I have carefully examined the papers, but it is no use to reproduce them here, for I have shown how doctors can avoid such losses, and at the same time promote and conserve their own interests in other ways fully treated in past Business Talks, by each one being his own collection agency.

There is a "Business School for Physicians" at Wabash, Ind. I cannot say anything either for or against it; but the fact of its existence (if it is well patronized) indicates a need. I have been hammering for years on the importance to the welfare of the physician and his family, of the business side of his work. It now occurs to me to propose that we attempt a sort of "correspondence business course" in this department, if our readers will indicate the nature of their needs. The first thing would be the proper form for bills and statements, and the manner and time of sending out of the same. But this is too rudimentary for WORLD readers; besides we have given specimen bill forms repeatedly. For example, here is one:

STATEMENT RENDERED FIRST OF EVERY MONTH

Marquette, Mich., _____ 191____

M _____

TO **RUSSEL C. MARKHAM, M.D**, DR.

OFFICE HOURS: 9 TO 10 A. M.; 2 TO 4, 7 TO 8 P. M. CORNER HIGH AND RIDGE STREETS

To Balance		
To Professional Services from.....191....., to. .....191.....		
Total		
Credits		
Memoranda..... Amount Due		
..... Received Payment,		
.....		

The Items of this Account can be seen at the Office. .....

On the back is printed the following:

¶ When you employ a doctor it is because you need his help.

¶ When a doctor sends you his bill it is because he needs your help.

¶ You want him to get you out of trouble.

¶ He desires you to keep him out of trouble.

¶ Trouble leads to worry; worry leads to sickness.

¶ It is needless to tell you that a worried, sick doctor cannot serve you as well as a happy, well one.

¶ It has been said that a doctor's bills are the last to be paid. If this is true, I can only say, that my patrons as a rule must pay their grocers, butcher and others with little delay, for they get around to me usually with reasonable promptness.

¶ I am glad to take this occasion to thank those who employ me, for their thoughtfulness in this as well as in other ways.

¶ I try to serve you well and am sure it is appreciated.

Digitized by Google

What would be the next step in a business course for physicians? What are your needs? Of course you know that when you can't get a settlement for cash, the next best thing is to take a promissory note. Always have a book of blank notes handy in your office, and perhaps one or two blanks in your pocket for use when away from your office. Make it for thirty, sixty, or ninety days, as best suits both parties; and be sure that your blank form has on it, *with interest*. The advantages of notes over open accounts are many. A note is far more easily collected than an account; and besides it bears interest, and is frequently negotiable (if the maker of the note is responsible—has property, or if well indorst), if you should wish to realize on it before it is due, or you can frequently work it into advantage on a trade.

If you will regard this as the "first lesson" (simple tho it be), I will await questions, which will show needs, for the next lesson.

I have frequently warned you of lot schemes—long distance real estate speculation, and advised you to *never* invest in real estate without first *seeing* it, at least. Here is a clipping that throws some light upon the lot promotion fakir:

LAND STEALS MAY STOP IN JERSEY.

FILING OF MAPS UNDER NEW LAW WILL CHECK DESIGNS OF SWINDLERS.

PINE BELT LOTS SOLD.

PURCHASERS HEARTBROKEN WHEN THEY CANNOT FIND THEIR NEW HOMES.

Special Telegram to Public Ledger.

MT. HOLLY, N. J., April 23.—Nefarious land swindles, practised for years upon an unsuspecting public, are to be checkt if the bill passed by the last Legislature can produce the effect desired by those directly responsible for its enactment. The act has for its object the legalizing of filing of maps that shall designate and show, by metes and bounds, or by designating adjoining lands, the location of the outbounds of any tract which has been laid out or divided into building lots, etc., the same to be in sectional parts and accompanied by an outline map of the whole tract.

Unprincipled promoters of "new cities" have sold, resold, and frequently sold again the worthless lands that have been beautifully laid out on maps. Innocent purchasers of valueless tracts have become heartbroken upon learning that their hopes of owning a future home or getting some return from an investment have been shattered. People from Philadelphia, New York, Boston, Chicago, and Canada have been victimized.

Several Burlington County townships figure prominently in the transactions that gave the new law its origin. Real estate swindlers have acquired worthless pine belts that could be purchast for a mere song, have laid them out "on maps," advertised them as attractiv building lots, and then sold them under the cheap-lot proposition. If the maps would show the true outbounds of the tracts so divided, the lots could be located on the ground upon a proper survey being made, but some schemers have devised the plan of laying out their large tracts in sections and filing maps of only a small part of the same with the county clerks, with no identifying marks thereon. It is therefore impossible to locate many of the lots that have been sold, or any part of the lands on these small sections.

The grossest kind of advantage has been taken of ignorant and innocent investors, and much money has been expended in trying to ascertain where their lands were located. When the purchasers would visit the mythical cities in the pines to inspect their new possessions they would be unable to locate the "desirable" lands for which they had exchanged money. Nativs in aiding them, would say, "Your lots are over there in the woods; it's all alike."

It is the intent of the new law to have maps of building lot tracts filed in the county clerk's office, so that prospectiv purchasers may see for themselves just where the new developments are located and learn for themselves how the sites can be reached.

A Texas brother submits a circular letter concerning the "Largest and most unique sanitarium resort in America," to be at Port Lavaca, Texas. Doctors are askt to pay $10 per share, invited to a place on "the staff of physicians and surgeons," "bring your patients," and "come yourself or with your family at half rates (as stockholder)," etc. You see, the plan is well workt up—for doctors to furnish the money and the patients. You take all the risk. Better keep your money in your pocket.

Two Letters from Texas.

EDITOR MEDICAL WORLD:—I want to call attention to a letter written by H. C. Sanders, M.D., on pages 190 and 191 of the May WORLD entitled Texas and Florida, and wish to say that our Tennessee brother is covering entirely too much territory, or writes without knowledge on the subject he attempts to post others on. Alvin is located about half way between Houston and Galveston, and is in the Texas Gulf coast country and in the rain belt; and there are successful orange and fig orchards in this vicinity, and in a commercial way—a fact impossible to deny, for they can be seen any day in the year with fruit on in some stage of development. Mr. N. E. Stout, living eight miles from Alvin, has six and one-half acres in oranges and seventeen and one-half in figs. These have brought him an income of more than $17,000 in the last five years, his fig trees being about ten years old and his orange trees seven. Mr. Gill, of League City, and Mr. E. S. Stockwell, of Alvin, and a good many others in this locality have done as well, and in some cases better on smaller acreage, and there is no question but that orange and fig culture in this part of the Texas Gulf Coast is a success. It has been so recognized by the Department of Agriculture of the United States at Washington, and by the Texas State Department of Agriculture; and if our brother from Tennessee had taken the trouble to come here and investigate what is being done in and around Alvin before he attempted to post THE MEDICAL WORLD, he, too, would have been convinced beyond a doubt that oranges and other semi-tropical fruit could and are being grown in the rain belt of the Texas Gulf Coast.

While it is possible that people coming into this country from the North with the big real estate concerns and immigration companies, rusht here on private cars and then closely herded while here and blinders put on, come to grief, I am sure if they come unincumbered, with their eyes open, and go to reliable land men with good local reputations, their chances of getting a square deal are nine out of ten and better.

As to Florida and southwest Texas I know very little; but do know that oranges will and do

Digitized by Google

grow here and mature into a first-class marketable fruit. Yours fraternally,

Alvin, Texas. C. W. COUTANT, M.D.

TO THE MEDICAL WORLD:—In April WORLD your reply to a Chicago brother who wants information about the South Coast Company's (Texas) orange land seems very correct. I have spent nearly forty years on the Texas coast. I have a fair knowledge of the Brownsville district. I think oranges may do fairly well, but as yet it is an experiment. Get United States Inspectors' report. If a doctor is looking for a place to set sucker traps, this is the place. A good advertising plan has headed them this way. A friend of mine is catching them between Houston and Galveston. He buys land at $20 per acre, and spends twenty more in setting in oranges, and then sells at $100 per acre. The doctor should be able to buy all the so-called orange land he wants at from five to twenty dollars.

This is not a new country, but only seems so because new suckers come every few years.

Westfield, Texas. W. EHRHARDT [M.D.]

And Still Another.

EDITOR MEDICAL WORLD:—As I have gained much valuable information thru your exposing of frauds, I beg to call your attention to Texas real estate. Some time since I was in Houston, and while there consulted ———— & Co., who kindly sent one of their agents with me to examin a tract of land. Contract was drawn up and I was instructed to sign and forward same, together with the specified sum, to the Union Bank and Trust Company, of Houston. Well, the point is this: I was going to pay a certain cash payment and give notes for balance, which were to be paid monthly. If I had followed out as above, I would have been out just that much; but as I decided to pay cash in full, I turned table. They were requested to furnish bank with necessary papers that attorneys could pass on title, but this they refused to do. I know of several parties here that have sustained losses. Would advise caution in dealing in Texas land.

Very truly yours. C. E. JUMPER [M.D.]

Velardeña, Dgo., Mexico.

Here are two paragrafs of a circular letter which comes from Spokane, Wash.:

I have had 500 complete sets of our literature, which includes our booklets, "Apples of Gold" and "Proof," especially printed for the physicians of Pennsylvania—being desirous of placing in the hands of a limited number full particulars concerning the Washington apple industry.

* * * * * * * * *

The plan of the investment that I now desire to present to you in detail will enable you to share in the profits of one of our big commercial apple orchards without even having to give a moment's thought to the investment at any time. You simply stay where you are and receive annual dividends as *your* share of the profits.

The above shows a systematic working of doctors. And, remember, all long distance real estate investments are extremely hazardous. A word to the wise should be sufficient.

Another eucalyptus company has cropt up in California. If you want years of anxiety and final loss, invest.

An Illinois brother writes:

You have undoubtedly saved the doctors thousands of dollars by your timely hints about investments. I loan my money on good real estate or good personal security at 7 per cent.

We have been widely complimented on the editorial, "Rational Therapeutics," appearing in December WORLD. These compliments are so persistent that it is only fair to state that Dr. Russell wrote the editorial, as well as many of the other good things that appear in THE WORLD.—C. F. T.

Dr. Abrams calls attention to a sign of diagnostic value in chololithiasis which is new to the profession, and which he says has never failed him in his experience. In cases where the history is confusing, or misleading, as it so often is, this sign is of the greatest value. It consists in the presence of a tender area half way between the umbilicus and the costal cartilage of the ninth rib in the right hypochondriac region. The patient is placed in the recumbent position with legs and arms extended. When the physician quickly thrusts the extended fingers against this point, the effect on the patient is like that of an electric shock. A grimace will appear on the face, or there will be a quick motion of the abdomen, as if a pointed instrument had been thrust against the skin. This sign can be repeatedly elicited at a given examination.

The following, according to Professor Miller, makes a mouth wash that is really efficient, and which will positivly sterilize the oral cavity if held in the mouth for one minute:

Saccharin	10 gr.
Benzoic acid	14 gr.
Tincture krameria	1 dr.
Oil peppermint	2 min.
Oil cinnamon	2 min.
Absolute alcohol	1 oz.

One part of this mixture added to nine parts of water is the strength ordinarily employed.

An excellent wash in cases of chronic gingivitis is prepared as follows:

Salicylic acid	
Benzoic acid, āā	16 gr.
Tincture krameria	1½ dr.
Absolute alcohol	1 oz.

A teaspoonful is added to a wineglassful of water, and used as a mouth wash.

In a paper read before the New Jersey Pharmaceutical Association, Prof. P. E. Hommell stated that the following preparation was about all that could be desired in the way of a palatable and transparent preparation of castor oil:

Castor oil	4 oz.
Saccharin	1 gr.
Oil of anise	8 drops
Alcohol	1 dr.

Dissolve the saccharin in the alcohol by the aid of gentle heat, and add the oil of anise; then agitate well with the castor oil.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ REFLECT COMPARE RECORD

Business and Joy, and How to Win Them.

By Russel C. Markham, M.D., Marquette, Mich.

I have been askt by Dr. Taylor to tell "the family" how a doctor at 59, in general practise, may have plenty of work to do, and find it a joy and sufficiently remunerativ to take all worry out of the problem of life, so far as money matters are concerned; how one at the age mentioned may see enuf in the medical professional career to inspire both of his children to enter it; the son at 25 to refuse a fifteen hundred dollar business offer and expenses per year, having independently made himself thus valuable in four years in the business world; yet, after mature thought, deciding to step out and finish his medical education. The daughter at 18, a graduate of high school and the state normal, with the honors of valedictorian, and with a good position offered her, decides also to take up medical work.

What is the secret of it all? Can others be inspired to win success where failure has threatened? What I shall say is for men and women who believe "it is never too late to learn"; that where we fail to-day we can succeed to-morrow — or to-morrow.

Every candidate should have at least the equivalent of a high school education, and as much more as he can get before beginning his medical work proper. And this side of his cultural life should never cease. A diploma from a standard medical school and a permission from a state board to practise are but the primary steps for a successful career; very important, but not sufficient in themselves alone to base success upon. Equipt with these essentials we now look about us for our competitors.

We find men and women ahead of us in the field who have had the training we have had, and in addition have had valuable experience. We find also the Christian scientist, who has had no medical training, and yet is in the field and doing a thriving business. She is our competitor and cannot be laught out of practise. She makes cures and has a following. How are we to meet her and win her practise fairly, and because we are entitled to it? Simply by doing better work than she can possibly do. It is possible for the doctor to-day to intelligently heal many cases of disease without other means than mental. To understand the laws of mind is within the province of all. When understood, we can do all with the mind that the Christian scientist can do, and in addition we can do vastly more, that she cannot do, because she has not had our preparation. It is possible for the doctor to inhibit pain in the lying-in chamber without other means than mind. I know this to be true, for I have repeatedly done it thru every stage of labor. If it can be done here it can be done in many other conditions, as you may come to know if you so elect. When you know and believe this, and use your knowledge, you have but an inferior competitor in the Christian scientist. Admit their cures, but duplicate them, and then surpass them at a thousand places. Do not talk about the limitations of the power of mind. There are none. The limitations are all with the operator and the operated on. These will be present for some time. In the meantime the educated doctor will be in demand.

Then across the street is the osteopath. He is doing business and gets the cash for it, and cures many patients who come under his care. What are you going to do about it? Just as you have done with your other competitor. If you will make a study of the spinal cord you will find it a veritable keyboard upon which you may play many tunes of health. It is not difficult for an intelligent doctor to learn this much and how to use his knowledge. Learn what the osteopath has learned. This can be done at home. Books make it all plain. You will find that you can do most of his work mechanically much better than with the hand, and more rapidly and with less fatigue. How do I know? I do it. I have two vibrators: a tissue oscillator and a Taylor machine for giving mechanical therapeutic treatments. They all do splendid work, with brains behind them. When the doctor can intelligently meet these two rivals, and do as good and better work in their own

Digitized by Google

fields, if we may call any field theirs, with their limited preparation, he can hold his practise and more than hold it.

Then there is the surgical mania these days, and the specialists who get much of the cream that once went to the general practician. What is to be done about this? It is possible to learn to cure hemorrhoids, fistulas, anal fissures, and goiter painlessly in your office without general anesthesia. I know this to be true, for I do it. And when you have learned this much, your knowledge will make it possible to do many other things.

It is possible for the general practician to fit glasses as well or better, if he has better judgment, than the so-called specialist. He should be able to do this, for many cases of chronic troubles are due to reflex eye strain, and until you know this you are handicapt. Knowing it and how to correct it will bring to you many chronic cases. This I know, because I do the work and do it well—as well as any one can do it.

Then if you are a so-called "regular," you will find the homeopath doing business in the homes of the intelligent and well-to-do. You can't laugh him out of court. Get some of his weapons, acquaint yourself with the law of similars and his materia medica, and carry with you at least a couple of dozen of his remedies. You will have abundant opportunity to use them after you have failed with your own. Your list will gradually grow.

If you are a homeopath, do not be satisfied with this alone. There are many other things to know, as valuable as this knowledge is. Be broad. Be cultured men and women. Commend your rivals wherever you can, but commend yourself by doing better work. Let your patients talk about and advertise you. They will do it.

Is this all? I have as well appointed an electrical equipment as money will buy, and use it constantly. Electricity is not a cure-all, but plays a most important part in the treatment of many conditions. Last but by no means least, the intelligent doctor must know much about dietetics; and the more of this knowledge he puts into personal use the greater output of energy and clean thinking will he have for his business.

If you put $2,000 into a single piece of horse flesh, you probably know something about horse care, have some "horse sense." You would at least have a caretaker for that horse who knew what to feed, when to feed, how much to feed, how to quench thirst; in fact, how to give that horse the care that will develop the best horse output in speed and looks or general efficiency. Or if instead of a horse you invested five thousand of your good dollars in an automobile, presumably you would acquaint yourself with the mechanism of that machine and how to develop its power. If it were a gasoline machine you would not feed it vinegar or kerosene, or lubricate it with molasses. The same "horse sense" and "automobile sense" should be applied to the care of the machine we live in—our human automobile. Its food is the grains, the vegetables, the fruits, milk, eggs, possibly some meat, water—all simply prepared and eaten in reasonable quantities and at regular and reasonable times.

To attempt to stoke this human machine with alcohol, tobacco, tea, coffee, worry, anger, greed, fear, will lower the output of the machine. It is not "horse sense." The doctor who can't see this and make it plain to his patients and to himself, may be a winner of practise for a time, but an output of real joy in his work, sustained by an optimism that has risen way above the possibility of financial disaster, will not be his.

Any young man or young woman who will work along these lines will have at 59 an ample fortune, ample practise, and a splendid human automobile to do his business in so long as he stays here to do it. There is much more than this that might be done, but this much may be done by any one fitted for the work at all. Let the aim be on beyond this, but this much at the least.

Does this rule out the middle-aged man or the old man? No. "It is never too late to learn." Begin to-day. What we fail to learn and put into practise to-day we can bring up to-morrow—or to-morrow, for we shall continue to come back until we have made good.

Now, I realize that what I have written is but a hint without telling just the how of beginning and going on with the development. It will take a book to tell all that. I am willing to write such a book, and so plainly and briefly that a wayfaring man cannot miss the road to success, if Dr. Taylor will publish it and see that it gets to you.

Failure or success rests with us. It is just a matter of exercising "horse sense" to win success.

[Yes, I will publish such a book, but not in book form. Can't you let us have it in a

Digitized by Google

series of articles for THE WORLD? Doubtless many questions will come to you, and you can make these the basis of your article, month after month, unless you wish to plan it out like a book, and give it to us in monthly chapters.—ED.]

Some Experience With Swedish Massage.

EDITOR MEDICAL WORLD:—A short time ago I received a sample copy of THE MEDICAL WORLD, which I found to contain a perfect feast of good things. It was a journal after my own heart, written by practical working doctors for practical working doctors. As I do not want to be one of those who receive all and give nothing, I would like to give the readers of THE WORLD my experience in two or three cases. I was very much interested in the Editor's experience in getting rid of a very obstinate and painful case of abdominal trouble by the use of scientific massage. I wish to say right here, brother doctors, if you do not wish your patients to fall into the hands of all kinds of quacks and imposters, you must make yourselves thoroly familiar with all kinds of treatment auxiliary to medicin. If your patient needs anything in the way of massage, *you* should be the one to tell him where and how to get it, and how often he ought to take it. If he needs anything in the line of hydropathic treatment, *you* should be the one to tell him what he ought to take in that line, and where and how much. Also, if he needs anything in the line of electrical treatment, treatment by special diet, physical culture exercises, or any other needed special treatment, *you* should be the one to tell him what to take, and how to take it. It does not give us the standing we should have in the eyes of the people to have them get the idea that we do not know how to treat them with anything but drugs. The good doctor should be a complete all-around physician.

Some years ago, when I had only been in practise a year or two, I was askt to take the case of a lady (the widow of a lately deceased physician) who had been confined to her bed for three or four years. The diagnosis made by her husband, the doctor, and also by other doctors who had examined her, was acute dilatation of the heart, without compensation; and her death had been expected to take place at any time, but probably very soon. After examining her and treating her for a short time, I became thoroly convinced that she did not have any organic heart trouble, but it was a much harder matter to ascertain just what she *did* have. She had one of the worst cases of tachycardia I ever saw, it being a hard matter to get her pulse below 100. After watching her very closely for a long time, I became satisfied beyond a doubt that her trouble was exophthalmic goiter, with functional heart disturbance. She had become so wasted by long confinement to her bed that her arms and legs were like pipestems, being little more than skin drawn over the bones. She at first received my statement that she had no fatal disease and ought to be gotten up and out of bed, with absolute unbelief; as she had been expecting death to call for her at any minute for several years. After doing all I could for her with remedies, and getting her heart to run a little slower and more quietly, I succeeded in getting her to try Swedish massage. I managed to get from Cleveland a most excellent masseuse, a lady trained in Sweden, who gave my patient a full hour's treatment from head to foot every time she came. I askt to be present at the first two or three treatments, and in that way learned the principles of Swedish massage. Well, the masseuse put at least thirty pounds of flesh on my patient in about ninety days, and made her into what was practically a new woman, with plenty of good new flesh and blood. She was highly neurotic and terribly opposed to the idea of getting up; but by constantly telling her what danger she was in of having cerebral hemorrhage in her present plethoric condition (!), I did succeed in getting her up and around, thanks to the good masseuse. Without the aid of massage, I never would have gotten that woman up, as she had a sister, likewise very neurotic, who lay in bed fourteen or fifteen years, or until she died with some similar nervous trouble. This took place in 1897; and the lady is still alive and tolerably well, in a home for old ladies.

Some years later, a lady patient of mine, about 56 years old, received a compound fracture of both bones of the left leg, which was a long time in healing on account of repeated attacks of neuralgia in the limb. The bones finally made a perfectly good union, but we were disgusted to find that complete ankylosis had taken place in all the structures of the ankle and foot when we removed the plaster cast. She had no more motion in the foot and ankle than if they were carved out of wood. The lady was frightened, but I told her to have good

Digitized by Google

courage; that she would not have to remain that way, and I went at the case myself, and gave that foot and ankle Swedish massage every day for a month, and three times a day for another month, with perfect restoration of all functions. The tendon Achilles was the most stubborn, but I finally made it yield, and now you could not tell that the lady had ever had her leg injured. I also massaged the knees of a young man who was almost totally disabled by arthritis deformans, with great improvement in the amount of use he could make of the limbs. I wish to say to the profession that scientific, ethical Swedish massage is the most successful treatment in the world for the conditions to which it is adapted. It will relieve conditions that no other treatment will relieve. It is no fake nor humbug, altho many of those who pretend to practise it are fakes and humbugs. It is part of the duty of every good doctor to instruct his patients where and how they may obtain scientific, skillful massage when needed.

Berea, Ohio. WM. M GREGORY.

[The illustrated article in April WORLD, pages 145-148, shows how to avoid, in the treatment of fractures, the condition described in the second case mentioned above. —ED.]

Galvanism for Metrorrhagia.—Hydrophobia.

EDITOR MEDICAL WORLD:—With reference to the article on Metrorrhagia, page 194 of May WORLD, I wondered how many MEDICAL WORLD readers had tried Galvanism. I have had good success in the positiv inside uterus, copper or platinum electrode, negativ on plate over hypogastrium; time, about 10 minutes; strength, as much as can be borne without discomfort; increase current gradually and stop gradually.

At this opportunity I would like to ask the Editor and readers about their experience in regard to dog-bites. Whenever a dog around here bites some one, everybody cries "mad dog!" The first thing generally done is to chop off the canine's head and maybe send it to Ann Arbor to have the brain examined microscopically for rabies germs. That is generally the last one hears of it. No one seems to be the wiser after this is done until some one else is bitten. Now, what I would like to be informed on is this: how much actual hydrophobia is there anyway in the U. S.? If one would go by what the newspapers say, cases of hydrophobia must be very plentiful at certain times or in certain localities. One never hears the outcome of these cases or scares.

I have read a great deal about the Pasteur treatment being harmful, useless, and a graft. Does the Pasteur treatment do any good after actual hydrophobia symptoms have been diagnosed? Let those readers who have had actual cases of hydrophobia as proven by symptoms or microscope, report their success with the Pasteur or any other treatment! I lookt over the back volumes of THE MEDICAL WORLD as far as 1901, but do not find very much to satisfy my curiosity. In the 1906 volume the Editor quotes the statistics of the Pasteur Institutes of Paris and New York as having a mortality of 34 per cent. We do not know whether these statistics are reliable or "inspired." Institutes and hospitals are desirous of showing a low mortality rate for various reasons. We are not told whether in these statistics only such cases of hydrophobia are included which were diagnosed as such clinically and microscopically. If these statistics include cases who took the Pasteur treatment from mere fear of developing hydrophobia after being bitten, and who did not show the characteristic symptoms, and cases where the animal was destroyed before the microscope could verify the intactness of the tissues and absence of rabies germs—I say if such cases were included in the statistics we would not place much faith upon their true value.

The consensus of opinion, I believe, is that the rabid animal, if left alone, generally dies. Also that the suspected animal should not be killed hastily, but kept under observation.

I read somewhere one time that diaphoresis by hot packs was a sure cure for hydrophobia. Who has tried it? In view of the hot season coming on, a discussion of hydrophobia seems to me not altogether out of reason. KARL GREINER.

Sparta, Mich.

[The people will require a long time to be educated up to the point where they will forget their barbarian instincts enuf to suspend their desire to wreak immediate vengeance on any dog which bites a human being. Generally the dog is killed as soon as an implement can be secured with which to kill him, and the executioner can get within striking distance of him. When the dog is dead, it is

Digitized by Google

wise to have the head sent to a laboratory for examination, since, if it be found that he is suffering from rabies, this will permit the injured person taking advantage of any benefits that may be derived from the Pasteur treatment. Of course the sensible way would be to confine the dog in a safe place for observation, but no one but a trained medical man would think of such a thing.

In publisht statistics of Pasteur treatment, only such cases are of value where the examination showed that the dog was suffering from rabies at the time of inflicting the lesion, and that the bite was inflicted on the bare skin, so that there would be no chance of any clothing cleansing the virus from the teeth before they punctured the skin of the victim. See article on hydrophobia which will appear in next issue.—ED.]

Chloral Hydrate Treatment of Pneumonia.

EDITOR MEDICAL WORLD:—Reading in this week's *A. M. A. Journal*, in its columns of "Current Literature," an article on "Pneumonia and Its Treatment by Chloral Hydrate and Digitalis," by Dr. A. Napier, of Glasgow, I cannot resist reporting ninety-eight cases of acute fibrinous pneumonia treated by Dr. Hermann Schmidt and myself without one single death during the winter and early spring of 1909 in our territory, Herrick, Shelby County, Illinois. Chloral hydrate is my sheet anchor in fibrinous pneumonia, in sufficient doses, as soon as a correct diagnosis is establisht, to keep the patient under its sedativ and hypnotic influence. My direction is generally: Chloral hydrate gr. v-viij every three hours in case patient is awake.

Every physician is acquainted with the hypnotic action of chloral hydrate, but it is also a good intestinal antiseptic, febrifuge, antispasmodic, and a powerful vasomotor dilator; and to this last action I attribute marvelous results in the treatment of fibrinous pneumonia.

As soon as consolidation is well establisht I add digitalis or strychnin, according to condition of pulse, in sufficient doses to overcome any embarrassment to the propelling power of the heart.

Dr. Hermann Schmidt reported his treatment several months ago in the *Wisconsin Medical Recorder*. Several weeks later he received a letter from a colleague in Arkansas, saying:

"I have lost every other case of pneumonia lately, but since I used your treatment described in the *Medical Recorder*, I have not lost a single case."

Whether such results are accidental or due to this treatment, I will leave to the decision and trial of the medical brethren. I sincerely hope that these few lines will be the cause of a thoro investigation of this treatment. ERNEST DIECKMANN, M.D.

Vandalia, Ill., April 16, 1910.

"Cold Sores."—Disguising Taste of Epsom Salts.

Dr. G. W. Carter, of Durham, Ark., treats "cold sores" by touching the centre of each with a wooden toothpick dipt in a mixture of equal parts of glycerin and pure liquid carbolic acid.

He disguises Epsom salts by adding 5 to 10 grams of saccharin and 10 to 20 drops of spirits of peppermint to each ounce of the salts. He makes the spirits of peppermint by adding 9 ounces of pure grain alcohol to one ounce of oil of peppermint. He recommends this method of disguising the taste of other nauseous-tasting drugs, as chloral hydrate, fld. ext. ergot, etc.

EDITOR MEDICAL WORLD:—If it takes Dr. Sapp, page 200, May WORLD, "two or three months" to cure cold sores with arsenicum alb. and nat. mur., I am wondering how much quicker his cold sore would get well *without* his treatment. Ordinarily with us a cold sore takes care of itself in a very few days or a week.

Sutton, Neb. H. H. SCHULTZ.

Three Months' Colic.

EDITOR MEDICAL WORLD:—Dr. W. C. O'Neall wants light on infantil colic, (May WORLD, page 209), and you gave him some good points. But in my experience, it seems to me that the colic of infants comes from either indigestion or a neuralgic condition. Indigestion is brought on most frequently at the present day by the injudicious use of boric acid. Nurses and mothers have gone daft on the washing of babies' mouths with boric acid solutions, and the presence of that acid in the stomach inhibits the digestion of milk. I instruct nurses and mothers to use nothing but plain, steril water in the babies' mouths, and since I have adopted that plan, I meet with less colic and indigestion in infants.

Nervous diseases always tend to periodic-

Digitized by Google

ity, and those periodic colics may be nervous in origin. I remember a case of persistent periodic colic that came into my hands. I exhausted the usual remedies in such cases, and as the family had suffered with malaria, put the infant on small doses of quinin and cured the case. I didn't care then whether it was malaria or a neurotic condition that caused the trouble. Anodyne tablets are good for temporary relief, but even in colic we can do better work if we can eliminate the conditions that cause the trouble.

Ridgewood, N. J. GEO. M. OCKFORD.

Quinin for Periodical Colic.

MEDICAL WORLD:—Regarding the inquiry of W. C. O'Neal, La Grange, Mo., page 209, May WORLD: I've been practising medicin in Missouri for the last thirty-seven years at different points, and I have been prescribing for periodical colic, quinin in inunction, well rubbed in, in groins and under arms, and have not had it fail, so far as known. T. H. B. SCHOOLING, M.D.

Green Castle, Mo.

Surgical Treatment for Membranous Colitis.

EDITOR MEDICAL WORLD:—Referring to the article on page 222 of the May WORLD, Dr. Tremblay's case of membranous colitis, will say that if the case was mine, I would get this patient into a good hospital, secure the help of a good surgeon, and treat her as follows:

Prepare for major operation; open the abdominal cavity over the normal location of the appendix, draw up the head of the colon, anchor it to the belly wall, make a hole in the gut, and leave it open for the following treatment: Now, each day after the operation, bring the patient into the operating room, put her on the table, a bed-pan under her, and flush out the colon with silver solution, letting the solution in at the artificial opening. Repeat this flushing once or twice a day, according to your judgment of the case. When a cure of the membranous condition is brought about, remove the appendix (always remove it when you have a fair chance at it), close the wound, and send your patient home. She is young, and this procedure should do the work of cure. This is not original with me, for I saw Dr. John E. Summers, Jr., of Omaha, Neb. (by the way, one of the brightest men in the West), do this operation and treatment as described above. DR. J. C. AGEE.

Valley, Neb.

An Echo of the Typhoid Controversy.

EDITOR MEDICAL WORLD:—In the January WORLD, pages 16 and 17, I outlined a plan of treatment with medicin of typhoid fever, which had proved very successful in my hands for many years, the bases of which consisted of antipyretics and intestinal antiseptics. Dr. H. dissented and gave as his reason that the Johns Hopkins had long ago put a quietus on both these treatments. Now H. comes forward in the April WORLD, pages 151-2, with the all-paralyzing evidence, which consists of a statement that the quietus consists of Osler's saying that he had never used them. This is a real "high-up" quietus, and should surely settle both antipyretics and intestinal antiseptics and their advocates for good and all; but 95 per cent. of the medical profession uses them, to the contrary notwithstanding. Could H. or any one else carry hero worship farther than this? We hope not, for the good of suffering humanity.

Dr. Osler has done more to make the medical profession a general laughing stock than any man living or dead. In fact, he has done us more harm than any doctor who ever lived. According to H., medicin is the last thing he uses, being No. 4 in the list, and as nothing is mentioned after No. 4, we must infer it is the end.

Pittsburg, Kan. DR. M. E. JOHNSON.

Some Suggestions on the Treatment of Typhoid Fever.

EDITOR MEDICAL WORLD:—While it has been my fortune, or misfortune, to have had the care of quite a number of typhoid patients, I yet feel a great lack of accurate knowledge in the handling of such cases. Clinical experience, aside from all the many valuable suggestions coming thru the various medical journals, has taught me that a great many of our typhoid patients suffer from high nerve tension caused by over-solicitous friends taking a too activ part in caring for the sick. The patient should have more isolation and quietude. They come in by the dozen and ask practically the same questions, causing a continual irritation of the already overtaxt nerves, when if he or she could have been let severely alone, they would have slept and awoke refresht. Usually I use a moderate mild chlorid cathartic, emptying the alimentary canal, followed by a good saline, and some disinfectant regularly administered. The physician in charge can select his own choice. Keep the apartment clean, cool, and abso-

Digitized by Google

lutely quiet, affording the patient every opportunity to hold all the resources they possess, giving at the same time a good liquid nourishing diet. You have then accomplisht all in your province to glide your patient over, while you keep a vigilant watch for complications: hemorrhages, etc., meeting each as it presents itself.

I did not mean to discuss the etiology or treatment of this disease, but merely to let my brethren know that there is too much meddlesome interference with a class of patients who need everything but being bothered. If this escapes the waste basket, I expect to be severely criticized, but this is helpful and I will not take any exceptions. I want to congratulate our dear Editor for his great help in furnishing one of the fullest, frankest magazines along all lines that comes to my desk. I enjoy the religious, political, and medical sections, and urge him to continue to do in the future as he has in the past, all he can to encourage a greater degree of tolerance among the profession. "Help! Help! Help! all the time, and never hurt any one." This is my motto.

If we expect good from others, we must mete it out to them. We can be of inestimable value to each other if we will, and no one be injured. A clear conscience is worth more than a bank account. Good Editor, please give us something along the line of ovarian pains in unmarried girls and women, and their intelligent management.

Buckner, Texas. N. A. HITT, M.D.

[We will have an article on painful menstruation in virgins soon.—ED.]

Treatment for Winter Itch.

EDITOR MEDICAL WORLD:—I see North Carolina, on page 173, April WORLD, wants a remedy and a name for a certain itch that infects his patrons. As to the name, that is a disputed question among the M.D.'s here; but if he will try the following formula he will be pleased with results:

℞

Flowers of sulfur	½ oz.
Oil sassafras	½ oz.
Potassium carb.	2 dr.
Pure leaf lard	6 oz.

Make into an ointment and apply to the entire body on going to bed three nights in succession; on the fourth night take a hot bath with plenty of good soap. Put on clean clothes and clean bed clothes to prevent reinfection, and you and your patient will both be pleased with results. If you use vaseline or any other of the petroleum ointments you will not get the results you get with lard. C. E. BOLEN, M.D.,

University of Nashville, 1901.

Wildersville, Tenn.

A Plain Description of an Osteopathic Treatment.

[Written by special request of the Editor.]

First.—Get a history of the case, as any one should do.

Second.—Bare the back; have the patient stript; for a lady, a gown opening down the back is used.

For chronic cases (acute are generally easy): Note the contour—curves normal and abnormal; both antero-posterior and lateral. Note temperature—if any hot or cold spots, by feel.

Patient sitting, beginning at top of dorsal vertebræ, and with the index and next finger, one on either side of the spine, go down, one vertebra at a time, slowly; press firmly at each; notice any thickening or tenderness. A blue pencil to mark abnormalities is a convenience.

Patient lies on table, on back. Operator stands at head and grasps around the neck near the spine. The transverse processes are noted in the cervical region, and the axis close back of the angle of the jaw. Note the ribs—if any separation, down or up.

There may be only tender spots. They may or may not denote abnormalities. A vertebra may be detected as out of line, either laterally or antero-posteriorly; if so, a tenderness is generally found at such place, which is due to a contracted muscle, or a displaced tendon. These may be pressing on a nerve as it emerges from the spine at that point.

A minute knowledge of anatomy now comes into play to know what you have; for in the region of the atlas and axis the most of the nerves emerge that control the circulation to the head. The treatment of the cervical region is mostly all made with operator standing at the head of the patient while the patient lies on his back on the table. Pressure is made with the fingers, firmly and steadily, for three or four seconds; then lift them a second to allow the circulation to be resumed, and perhaps the fingers are moved very slightly —no rubbing—and press again and again, a half dozen or more times practically at the same spot, if you are satisfied it causes the mischief. It may take a number of treatments before the soreness will dis-

Digitized by Google

appear, but it generally feels (so the patient says) less sore after than before treatment.

To treat the spine below the cervical region, patient lies on side, operator stands in front, reaching with the finger ends over to the spine (not on it), and presses deeply and away from the spine. After the operator has gone all along the spine, relaxing the tissues, dwelling, of course, longer at points necessary, he places a hand on the shoulder, and with the other reaches to and over the last (lower) lumbar vertebra and pulls, while he pushes firmly on the shoulder, rotating at each vertebra. Repeat all this when you have the patient turn on other side. These movements relax the tissues along the spine and cause movements which allow a good circulation.

Patient lies on back again. If the stomach is out of order, have patient flex lower limbs; press firmly midway between enciform, appendix, and umbilicus for several minutes. This equalizes the circulation to all parts of the abdomen. The liver may be kneaded, attention being paid to the spleen. A floating kidney can be replaced.

If a vertebra has been found to be out of line with its fellows, a number of treatments should be given to relax the tissues before attempting to replace it, as the conditions that held it out of place in many instances put it out again, even after it is back, without first full relaxation of the tissues, as there is no way to fix it in its normal position, except to overcome the cause.

A relaxation of tissues may cause a lesion to right itself with no other effort; but if not, have patient sit on stool, operator standing at side; with one arm reach across patient's chest in front and catch in axilla of opposit side. Have patient to drop, or rather sink forward into the arm of operator. With the free hand, press thumb at each vertebra, beginning at fifth lumbar. Press patient away from you to exaggerate the position, then bring body to you with a swinging motion, while the thumb presses the vertebra. This movement carried out the whole length of the spine, one vertebra at a time, first on one side and then the other, will be found to do the work. But we must remember that irritation at the nerve endings (point of final distribution) may again and again cause a contracted muscle at point of emergence along the spine; and to overcome this, more and more treatments may be necessary.

This describes a general treatment. However, most troubles are specific, when the treatments can be limited, unless a general tonic effect is desired. From twenty to fifty minutes is devoted to a treatment. In acute cases they should be short, and every day, or even twice a day; while about three a week in chronic cases will suffice.

The above for the lateral lesions of vertebræ; for an anterior or posterior, after thoro relaxation of tissues, the patient may sit on stool, operator on table at his back, and with the knee presses a posterior vertebra back. Care must be used in all these, so as not to injure the patient. For an anterior vertebra, the lower limbs may be flext strongly, while patient is on his side, and the vertebra may be caught and manipulated.

There are special movements for each, but once a man can find the abnormalities, it is but a question of mechanics to replace them after thoro relaxation. No two operators work alike after the relaxation is done. Even the relaxation may be done mostly along the spine, with the operator standing behind the patient, while the patient is on his side, and using his his thumbs along the spine.

When one knows how to find, he can generally find how to fix.

GEO. B. KLINE, M.D.

Wheeling, W. Va.

Dr. Long's Claim to Priority in the Discovery of Surgical Anesthesia.

EDITOR MEDICAL WORLD:—In your comments on the claim I made in the March WORLD, page 113, that Dr. Crawford W. Long, of Athens, Ga., made the first operation under anesthesia with sulfuric ether, on the person of Mr. Venable, in Oct., 1842, you say:

We are aware that Dr. C. W. Long has been mentioned in this connection, but Camac, in his "Epoch-Making Contributions to Medicin, Surgery, and the Allied Sciences," makes no mention of him whatever. A number of books contain brief mention of Long and his operation, but the United States House of Representativs investigated the matter thoroly and awarded the honor to Morton. This investigation is said to have been most thoro. Camac says: "There has never before been, and probably never again will be, such a thoro trial of a scientific subject by a legislativ body. Every fact, letter, and statement was examined as sworn testimony, and this not once, but three times, over a period of eight

Digitized by Google

years." This would seem to settle the claim of priority.

The inference from this is that you do not think the fact well authenticated that Dr. Long made the operation under anesthesia in 1842, and before Dr. Morton did in 1846. In support of this you accept as conclusiv the several decisions of the National House and in favor of Dr. Morton.

These several decisions would be more worthy of acceptance, as true and final, if any claim of Dr. Long had, at any time, been made to this tribunal; but as such was not made, their decisions could be applicable only to the merits of the claims for priority of Drs. Morton, Wells, and Jackson. As a matter of history I mention that the committee filed a minority report in favor of Dr. Jackson. If the evidence of Dr. Long had been submitted I believe the decision would have been in his favor.

While Dr. Long publisht his case after Dr. Morton did, because of the isolation of Dr. Long's surroundings, the obscurity of the journal in which it was publisht, as well as Dr. Long's modesty in speaking of his work, little attention was drawn to this publication. About thirty years ago, Dr. J. Marion Sims wrote a paper in which he drew attention to Dr. Long's operation in 1842, and made the claim for Dr. Long's priority in surgical anesthesia. This claim, by one as eminent and widely known as Dr. Sims, attracted immediate and universal attention; and thus, to the bar of the profession and the public, Dr. Long's claim has been submitted; and as a gradually widening sphere of knowledge has increast, so has the acceptance of Dr. Long's claim been establisht.

Dr. Roswell Park, in his "Epitome of the History of Medicin," on page 305 says: "Nevertheless there is every reason to think that he (Dr. Long) is entitled to the credit of having first anesthetized a patient with sulfuric ether for the purpose of producing insensibility to pain."

The circumstances which brought to Dr. Sims this knowledge of Dr. Long's operation, and prompted his article, was a visit to his nativ state, South Carolina, where he met a Dr. Wilhite, who told him that while he (Dr. Wilhite) was at school in Athens, Ga., at an "ether frolic" among the boys was a negro who inhaled so freely that he became deeply anesthetized, which so frightened the others that they sent in haste for Dr. Long, near by, who, seeing the condition of the negro and his insensibility to pain, determined to use ether for surgical anesthesia, which he did the first opportunity, but at that time, in that vicinity, surgical operations were very few indeed.

The City of Athens, Ga., has erected a monument to Dr. Long. The State of Georgia has put his portrait in the gallery of its great men in its Capitol Building, and will also most likely place one in the "Hall of Fame" in the National Capitol at Washington, in recognition of his great gift to humanity.

Thomasville, Ga. T. M. McINTOSH.

Determination of Sex.

EDITOR MEDICAL WORLD:—Referring to article in May WORLD, page 213, on the control of sex, beg to refer you to a very interesting pamphlet on the subject by E. Rumley Dawson, a London obstetrician, publisht by the Cochrane Publishing Company, Tribune Building, New York, in which he puts forward a strong argument claiming that sex is controlled, or rather determined, by the ovary from which the ovum is derived. He claims that the right ovary produces only male ova, and the left ovary only female ova; and that the ovaries functionate alternately. According to his theory there is no way of determining the sex of the first child, but after the first birth the sex can be controlled at will by calculating which ovary will functionate during a given month, and securing impregnation accordingly. The pamphlet is well worth reading, and it should be rather easily proved or disproved whether it works. I have made no observations on the matter myself, but recall a matter that lends color to the theory, tho, of course, entirely too limited to be of any real value. I saw a right ovary removed from a woman two months pregnant which presented a particularly well-developt corpus luteum, and who in due time gave birth to a male child, and I shall continue the observation as opportunity presents. He claims to have secured a son for the czar by this method.

B. B. L., M.D.; PENNA.

[This theory is old, and has not been found tenable.—ED.]

Dr. W. N. Simons, of St. Johnsville, N. Y., writes: "I inclose $1 for WORLD for 1910. I am stopping several medical publications. They are good, but I do not find time to read them. With THE WORLD it is different. I always take time. I can get more enjoyment, information, and good out of THE WORLD in half an hour, than from any other journal in two hours.

Digitized by Google

Urethral Irritation.

EDITOR MEDICAL WORLD:—In reference to case of urethral irritation, on page 221, May WORLD, would suggest that Dr. Siddens use a cystoscope and bring the verumontanum in view, and touch this with caustic or strong solution of silver nitrate, just enuf to turn it white; and repeat in ten days for a few treatments. Or, if he can't do this, refer patient to a specialist. I have seen cases worse than the one described by him, that had no emissions after first treatment. P. G. B.; N. Y.

Concerning Intestinal Antiseptics. — Experience With a Vibrator.—Uterin Hemorrhage.

EDITOR MEDICAL WORLD:—In a letter from our good friend Dr. Waugh to me, referring to my remarks (April WORLD, page 150) about his letter (March WORLD, page 117) on the subject of intestinal antisepsis in typhoid fever, he says:

"Your idea is a good one, Doctor, but to make this test of value, it should be carried on under the direction of one who thoroly comprehends intestinal antiseptics and their practical application. That means something more than putting it in the hands of a man who has Professor affixed to his name, and it means some control over the administration of medicins, which was the difficulty a few years ago in a hospital test that was said to be made but was not."

In all of which I heartily concur. The treatment should be supervised by a competent exponent of the method, with the aid of trustworthy assistance. Cases should not be selected. If the test is made in a hospital, each alternate patient should be placed in the care of those in charge of the experiment, while the others should be treated by any other accepted method as controls, and the comparison should extend over an entire season to minimize the chance of coincidence, and had better cover several hundred cases.

Dr. Barnum (pages 193-4, May WORLD) advocates the use of a good vibrator for the cure of many ailments. I have what he would call a toy vibrator, and confess that I do not know much about its use, and yet can report some excellent results. A ten-minute application over a tender ovary has several times permanently relieved the pain. Chilly sensations up and down the back, especially following exertions, have been stopt by the use of the vibrator up and down the spine, using a roller with deep pressure over the spinal nerve roots. Previously medication and static electricity had failed. Chronic and rather severe pain over the spleen has been promptly relieved in the same way. I could cite other cases, quite a number, by looking them up in my records. I have had my "toy" machine for some years—ever since they were put upon the market. Sometimes I forget to use it. At other times, when other methods fail and the patient is getting discouraged, I have recourse to it, and usually with gratifying results. For my limited experience in the matter, with a small appliance, this is a good showing, and I intend soon to get the real thing.

Dr. True (pages 194-5, May WORLD) recalls the antiquated treatment of uterin bleeding with solid silver nitrate within the uterus. It is efficient, but not always, of course. The proper plan, in most instances, is to curet at once. That stops the bleeding and cures the condition. I should use the silver nitrate only as a temporary expedient. It must also be borne in mind that curetment will not cure all cases of excessiv uterin bleeding, tho not caused by polypus or fibroid or other growth. There are cases that ergot will not relieve, either, because of an idiosyncrasy against ergot, or because much of the musculature of the organ has been replaced by connectiv tissue. These are often either worn out by chronic disease or too much childbearing. They are often more benefited by glonoin and belladonna, which act by diverting much of the blood to other parts by vascular expansion. If necessary, the part may be toned down with aconite. Rest in bed is very desirable. Then there is the efficient intrauterin tampon, and here I prefer iodoform gauze, which may always safely be left in place for three days, if necessary. When blood loss is excessiv, the head should be lowered, and the legs and hips raised. Warmth to the extremities and bandages about them and the belly help marktly to restore tone to the patient and force to the heart. Finally, the use of normal salt solution per rectum should never be overlookt.

A. H. P. LEUF.

2034 Arch Street, Philadelphia.

A. S. A., page 207, May WORLD, writes that the backache mixture referred to is in reply to article on page 175, April WORLD; and that Dr. Mercer's request, referred to, may be found on page 173, April WORLD. We hope that *every* writer will hereafter give the page on which any article referred to may be found.

Digitized by Google

Hook Worm Disease.

EDITOR MEDICAL WORLD:—In answer to the question of Dr. J. H. Campbell, of Bardstown, Ark., I wish to give a few points on the diagnosis of hook worm disease, which I hope will be of value. The general condition of the patient, and also the number of parasites in the intestins, will cause a varying of the symptoms. If there are but a few parasites the general symptoms produced are very mild. If, however, the parasites reach a great number, extensiv blood disturbance is noticed. The symptoms of pernicious anemia are noted in well-developt cases. The principal phenomena are dyspeptic symptoms with colicky pains in the early stages, followed by progressiv anemia with little or no emaciation, and with terminal edema. The colicky pains are among the earliest symptoms, and last thruout the disease. If, however, the parasites are few in number, the symptoms may amount to nothing more than uneasiness. The pains are relieved upon the taking of food, but the relief is only temporary. The appetite is variable.

The skin is very white in color, as a general rule; the lips and conjunctivae are exsanguinated. The sclera is of a pearly color. On the slightest exertion there is breathlessness and a feeling of lassitude, and sometimes dimness of vision and vertigo. There is a puffing of the ankles and face; and if a general edema, it is very slight. If the disease attacks children before the age of puberty, the after results are stunting of the growth, leaving the patient "pot bellied," with a scanty growth of hair upon all portions of the body.

The diagnosis should be made as to a history of the patient's occupation, as the disease is found more often among those that work in earth. Do not confuse the anemia with malaria, as is very often done, as the hook worm disease is found in malarial districts. A very important diagnostic sign recently described is the occurrence of triangular black or bluish patches upon the dorsum of the tongue, resembling that of an ink spot. This appears early in the disease and lasts thruout its course. In no other disease which I can recall does this diagnostic sign appear. A positiv diagnosis can be made by the demonstration of the ova or parasites in the feces. Stiles has recently described a rapid and effectiv test where microscopic evidence cannot be obtained. The stool is placed on ordinary white blotting paper and allowed to stand for an hour; a rusty-red discoloration or stain develops along the edges of moisture, resembling somewhat that due to blood. Another test that is very good is to give a small dose of thymol, follow by Rochelle salts, and collect all of the stool passed, wash the stool thoroly several times in a bucket, and examin the sediment for worms about half an inch long and about as thick as a needle, and with one end curved back to form a hook. DR. H. J. ELKINS.

Vienna, Ill.

The Young M.D.'s Should "Look a Little Out."

DEAR DR. TAYLOR:—I just came into the office for a minute, pickt up the May WORLD and so completely lost myself in the good, practical, every-day articles, that I find I have put in most of the morning in reading it. I don't agree with you in your religious views, but I like your editorials and Business Talks. Just a word about the old doctors: I have thought for some time that I would like to say thru your journal just what "Grandpa," of Illinois, has said in May WORLD, page 204. However, I wish to add a few things.

Being comparativly a young man, I feel that the younger members of the profession should apologize, in a way, for these young fellows who have been claiming thru THE WORLD, that the old doctors are being displaced by the younger men. I have been practising eight years, and believe when I began practise I was as well qualified as the average young man with four years' training. And I know, if it had not been for the counsel and good advice of the old doctors in my first few years, I would have been "up in the air," as the saying goes, many times. The longer I practise, the greater respect I have for the older members of the profession. I think any community that has to depend, or is depending solely, on such of the young members that we have heard of frequently thru the columns of THE WORLD, is very unfortunate indeed.

I believe in and I practise the modern methods, and I also know that it takes something besides a Kelly pad, microscope, x-ray machine, hot air, etc., to make a real doctor. And being one of the younger set, I will suggest to those young fellows who have displaced the old M.D.'s, you had better be a little careful as to how you disregard the advice of the older brothers, for a cyclone may strike you sometime, which might have missed you if you had the advice and counsel of age and experience, which to the con-

Digitized by Google

scientious, honest, industrious, and qualified man is worth all the microscopes and Kelly pads you could haul, "and then some."

Lockport, Ky. W. W. LESLIE, M.D.

The Treatment of Certain Ocular Manifestations of the Rheumatic and Gouty Diathesis.

EDITOR MEDICAL WORLD: — There is practically no structure of the eye which may not be the seat of expression of the rheumatic diathesis. And if the interrelationship of increast arterial tension and gout can clear up certain cases, some of the most important of ocular diseases may have their etiology revolutionized. Thus we know that rheumatic affections are common after 40, frequently associated with arteriosclerotic changes, and occurring very often in Hebrews. All these factors are intimately associated with the etiology of glaucoma. Rheumatic iritis is a very common affection. Scleritis and episcleritis are practically synonymous with rheumatism and gout. Gouty deposits in the conjunctiva are of daily observation. Finally, the retina may be the seat of gouty inflammation, almost invariably associated with angiosclerosis.

When we consider the etiological factors entering into the production of these various conditions, we are confronted by precisely the same situation as when we consider rheumatism and gout elsewhere. The literature on the subjects is enormous, as is all literature dealing with subjects the etiology of which is obscure. It is probable that the pathogenesis of rheumatism may finally be cleared up by the discovery of a specific organism, a supposition which is strengthened by the fact that the administration of substances liberating formaldehyde, as has been my experience, will often allay the activ symptoms, caused, I believe, by the bactericidal properties of the drug. This has been my observation at first with urotropin, and lately, to a greater extent with acetyl-methylene-disalicylic acid, known also as a-f-sal. The latter drug, in a case of episcleritis, yielded prompt results, where the administration of full doses of sodium salicylate was practically without demonstrable effect.

In the case of ocular manifestations of the gouty diathesis (not to be confounded with acute gout) and some of the intimately associated symptoms, such as headache, neuralgia, itching, and hot eyeballs, sandy conjunctivae, etc., the administration of colchicum alone was less beneficial than colchicum plus a formaldehyde-liberating substance. The action and effect of formaldehyde upon the genito-urinary tract are well known. If the pathology of gout has a renal origin, as advanced by Bryce (*British Medical Journal*, October 31, 1908), or in other words a metabolic origin, the cause of benefit of formaldehyde-bearing compounds may be at least conjectured. My successful clinical experience with a-f-sal in the treatment of cystitis and similar conditions, and the unmistakable language used by such men as Drs. Henry Beates, Jr., Henry Fisher, and William N. Johnson in their advocacy of its therapeutic value in rheumatic conditions, strengthens my belief in this theory. In the conditions above outlined I account for the therapeusis of this formaldehyde-bearing compound as being superior to urotropin because of its concurrent liberation in the system of large amounts of nascent salicylic acid. From observations in a number of cases the following ones will demonstrate that the product has obtained a definit therapeutic position in ocular therapy.

Case of Mrs. T., age 38 years. Episcleritis of six weeks' duration, three large episcleral nodules, intense congestion surrounding the cornea-scleral margins. Considerable photophobia and lachrymation. A-f-sal was administered in 10-grain doses every hour. Improvement in thirty-six hours; recovery in four days. No recurrences.

Case of Mrs. W., aged 57, who had been a sufferer from repeated attacks of rheumatic iritis. This patient presented herself with a relapse, the iris being bound down by adhesions to the lens capsule in several places. The synechiae being small, were promptly attacked with a strong atropin solution. A-f-sal administered in 20-grain doses every two hours during the first twenty-four hours, and then in 10-grain doses. The condition rapidly subsided, the patient now being free from any inflammatory symptoms, and having a round unobstructed pupil.

Case of Mr. D., aged 21 years. This patient presented himself with a history of an injury to the left eye when a child. An examination of the eye showed the scar of the wound as a diagonal line across the cornea from the upper and inner to the lower and outer margin. The pupil was occluded, and the iris apparently atrophic. He complained of irritativ symptoms in the other eye. He was placed on 10-grain

Digitized by Google

doses every hour of a-f-sal for four days. I then performed an irodotomy on the left eye by de Weeker's method, liberating at the same time a quantity of swollen lens substance, and the irritativ symptoms in the right eye disappeared.

Case of Mr. W. This patient had been the subject of violent attacks of migraine and vague muscular pains. The eye examination, excepting a refractiv error, which was corrected with a suitable lens, was negativ. Urin examination showed an abundance of urates. A-f-sal was administered in 15-grain doses every two hours for a week with prompt benefit. He is still under observation.

In no case has a-f-sal produced any symptoms as are encountered in the case of other salicylates. In one case, subject to extreme gastric irritability, no untoward effects were observed. I have administered as high as 180 grains a day without untoward results. I followed Gifford's method of administering the salicylates, namely, one grain per pound of body weight daily.

A large field of usefulness in ophthalmic practise is opened for the possibilities of the combined action of formaldehyde and salicylic acid. It is evident that the primary effect of combating certain bodies in the blood stream which enter into the production of rheumatic symptoms, as by no other avenue could ocular changes be so quickly reached. MAX R. DINKELSPIEL.

2711 N. 29th St., Philadelphia.

Wonderful Vitality and Endurance.

EDITOR MEDICAL WORLD:—A case came under my observation a few days ago which I think of adequate interest to be mentioned in the columns of any medical periodical. On April 24th at 10 p. m. I was summoned hurriedly two blocks away, to the home of B. S., 92 years old. On arriving, found patient in bed, complaining of severe pain in left shoulder. After questioning relativs, I ascertained that while patient was entering his room to retire, he stumbled over a rug and fell.

Examination revealed a fracture of the scapula at the glenoid cavity, with a subglenoid dislocation of the head of the humerus. Considering the age of patient, anesthetic was out of the question. Removing my shoe and placing my foot in axilla, and with the assistance of Dr. William Killingsworth (patient's grandson), after several attempts was successful in the reduction of the injury.

All the relativs inform me that this patient underwent, without anesthetic, at the age of 87 years, a radical operation for cure of inguinal hernia.

This case in itself is remarkable only on account of the age of the patient, and his wonderful vitality and wonderful power of endurance.

Suffice it to say, patient is making a rapid and uneventful recovery.

Portland, Ore. G. W. TAMIESIE.

A Morphin Case, Illustrating the Influence of the Mind Over the Body.

EDITOR MEDICAL WORLD:—In the May WORLD, page 214, I read the report of a case of the morphin habit by a "subscriber" in Canada who practised the reduction method, but was only able to continue the treatment to half accomplishment on account of agonizing aches which possest his patient, which compelled an increast allowance, and consequently disappointment in results. This case, together with your comments on same, served to remind me of one I treated of similar character a number of years ago, and to bring to my mind very forcibly the influence of the mind over the body, which was beautifully illustrated by it.

The patient was a doctor, and according to his statement had been addicted to the opium habit four years, and at the time was taking about four grains daily of morphin hypodermically, which statement I accepted *cum grano salis.* And right here let me say, one can take an opiomaniac's statement in this regard with a very liberal sprinkling of salt and not go far wrong. At any rate the treatment, which was on the gradual reduction plan, and based on his report, tho the withdrawal was very gradual, was accompanied with considerable distress, notwithstanding other remedies were given to mollify the pain.

Before beginning treatment it was agreed he would follow strictly my orders; that his wife, who was a determined person, should administer all medicins; and that he would not at any time leave the house, nor absent himself from the presence of his better-half and guardian. This being settled, we divided the amount said to have been taken in less than half, and gave one part morning and evening hypodermically, gradually reducing the quantity until the dosage was practically *nil;* then nothing but pure water was given for a week, when my instructions were to discontinue the injections alto-

Digitized by Google

gether, a decision which gave rise to a multitude of miseries as the sequel will show. No sooner than the good wife refused, under my instructions, to administer the accustomed hypoderms, there came a voice from the wilderness crying out in mournful accents, and demanding to be given the medicin, saying tho he was taking but little, his system required that little now as it did the larger quantity formerly. There was nothing left but to call me, as it was impossible for the attendant to pacify the obstreperous patient. On my arrival I found him in great perturbation, walking the floor and demanding to be relieved as he had suffered long enuf. I commanded him to seat himself, and in a very quiet and gentle manner informed the "bucking broncho" of the real truth, and that he was raising all this row because his good wife had refused to give him the usual dose of cistern water she had been giving the past week; but promist if he still desired the treatment continued, to increase the dose of cistern water and give it oftener. It is needless to say our patient was greatly astonisht at the disclosure, and made a vow, as a penance for his evil acts, in future to behave himself.

Dallas, Texas. DR. E. L. DAY.

Asclepias.

EDITOR MEDICAL WORLD:—In answer to Dr. J. J. Lowe's query, April WORLD, page 176:

Asclepias. Fluid ext. Dose, m. 15, f3 j.

Therapy: Colds and pulmonary affections of an inflammatory and catarrhal character. In diarrhea, dysentery, and painful disorders of the stomach or bowels it is often effectiv; a very good prescription being:

℞

Ext. asclepiadis fl.	f3 ij
Spt. vini gallici	f3 j
Syrup rubi idaei	f3 iij

M. Sig.—A teaspoonful every two hours for diarrhea and dysentery.

As a diaphoretic it is used in the exanthemata, in order to facilitate the eruption and reduce the fever; and it is said to be advantageous in articular rheumatism, in controlling the inflammation and reducing the heart's action.

It has been said, a decoction made from the root-bark of asclepias syriaca also possesses diuretic properties and is found useful in the relief of renal dropsy. (Shoemaker.) M. ADKINS, M.D.

Millard, Ky.

Barnes' Fetal Ventilator.

EDITOR MEDICAL WORLD:—In the April WORLD, page 162, I noticed an article by Dr. W. A. Jones on the use of Barnes' fetal ventilator in breech presentation. In your comment on the article you say it is new to you, and so it is new to all physicians, as it is the first and only one made of its kind. You say "the usual cause of death in infants presenting by the breech is generally presumed to be, not inability to breathe, but pressure on the cord." That is true as to pressure on the cord—the child will soon die if it cannot receive air into its lungs. But by the use of Barnes' ventilator it receives air and oxygen and can breathe and live on its own circulation independent of the mother. Hence, there is no need of being in too great hurry to deliver the head, as there are numbers of infants killed in trying to deliver the head before they die from asphyxia. Usually the head can be delivered within five minutes after expulsion of the body, but not always, as all physicians know who have had a large experience in obstetrics.

It is much more safe for the child, and no inconvenience to the mother, to use the ventilator, which gives time for expulsiv force to set up, with an easy delivery of the head and the child *very much alive.*

I cannot say just how long the child would live before the head is expelled, but I know them to have lived thirty minutes after the body was expelled, and have never heard of one dying when the ventilator was used.

By giving the child air it gets oxygen and lives on its own circulation, just the same as one born by the vertex; because when the vertex presents and the child is expelled, you may cut off the circulation in the cord and it has no effect on the child; but as soon as the child's head and body are expelled it begins to breathe, and pressure on the cord has no effect on the child whatever. Just the same condition arises when air is conveyed to the child in breech presentation. Try it and see for yourself.

Homewood, Miss. W. H. BARNES.

Practise in Nebraska.

EDITOR MEDICAL WORLD:—I would not have bothered you with this communication had your "Virginia" correspondent (page 198, May), given his name and address. I was also a telegraf operator by profession, and have been practising medicin for six years. I came here a little over

Digitized by Google

a year ago in competition with three other physicians, and now my books for April show a considerable over $600 worth of business.

I advise "Virginia" to come West and grow up with the country. I know of several places calling loudly for a skilled physician, and I would be delighted to assist him to locate in a nearby town that has no doctor if he is willing to forego the fleshpots of Egypt and allow the breezes of Nebraska to blow sand into his hair. He could undoubtedly double his present income the first month. NEBRASKA.

The Venereal Horror.

EDITOR MEDICAL WORLD:—Hookworm and pellagra are holding the centre of the stage at the present time; but I must tell you that the number of wrecks caused by venereal diseases is far greater than those from hookworm and pellagra. One reason why this subject is approached so slowly is the horror for the discussion of these most lowly diseases; but that is not reason sufficient. These diseases work slowly but surely on, wreaking vengeance, and the bearer does not wear a placard, "Beware of me. I have one of the most dangerous of diseases." If this were the case, things would be better. You see in places: "Scarlet Fever Here." "Diphtheria Here." But how many of you ever saw this posted: "Syphilis Here." "Gonorrhea Here." "Chancroids Here." We are living in the greatest age of preventiv medicin, except in regard to venereal diseases. Think of the terrible suffering, especially by innocent parties, from these diseases. Poor little innocent babes whose little eyes are ruined by the sins of a miscreant parent! Innocent girls as pure as angels are ruined by the new and thought-to-be innocent husband. Arouse, O man, to the point of reason, and think if such were to come your way. Let us stamp out these diseases by all means; men, let us stamp them out. F. L. BOTT, M.D.

124 Randolph Bldg, Memphis, Tenn.

Dividing Fees With the Laity.

EDITOR MEDICAL WORLD:—I was approacht to-day by a gentleman, prominent in the community as a man and also in the Baptist church, who told me he could bring me a patient who is suffering with piles if I would pay him $25. He told me this man would willingly pay $50 to be cured of his trouble. I treat piles by injection and have had very good success. He said if I did not agree to do this, he would influence the man to go to another physician who would pay him for the case. I told him to send his patient right along to the other man, as I would rather pound rock than obtain business by dishonorable means. I told him I could not afford to have the ill will of my professional brethren, or to lose my standing in my medical society. I need the business, and I feel sure this man could throw several cases my way if I would pay him. Please give me your opinion of my action. Would also appreciate the opinion of other brethren. MISSOURI.

[Doctor, you did exactly right. If any other doctor in your community gets business in this way, he should be exposed.—ED.]

A Case of Obstinate Cystitis Cured.

EDITOR MEDICAL WORLD:—In an old copy of THE MEDICAL WORLD I pickt up this morning (date torn off) I find this letter:

EDITOR MEDICAL WORLD:—In January, 1906, I delivered a well-developt, still-born male child. Labor was normal and lying-in period uneventful. It was her first pregnancy.

No hereditary trouble and no history of venereal disease. Ever since about two months after delivery she has suffered with a most stubborn case of cystitis. I have used everything I could think of and read of, with no benefit. White, 26 years old. Have examined for stone in bladder, but found none. What is best to do?

Sweet Water, Ala. C. W. BASFIELD, M.D.

I, of course, do not call attention to this letter with the expectation of benefiting Dr. Basfield's patient, but judging from my own experience, urinary troubles similar to this one are a source of trouble and anxiety at times to every practician; and my object in writing this is to relate by own experience with some of these cases, hoping I may thereby help some country brother out of trouble. In most of these cases I have found

Fld. ext. saw palmetto.....℥iij
Fld. ext. rhus aromatica.....℥ss

M. Sig.—Teaspoonful in a third of a glass of water every two or three hours, to be all that was necessary, except regulating the diet and keeping the bowels in a normal condition.

One case, however, sent to me by two other physicians who thought the trouble might be due to a retroverted uterus, had been under treatment of different physicians for two years, and it seemed she had taken some of every medicin ever recom-

Digitized by Google

mended for urinary troubles of any kind. She was 42 years old and the mother of seven children. She stated that some days, for weeks at a time, she would have to spend half her time over a vessel; and her husband said she was so nervous and cross there was no peace in their home—"no living with her," as he exprest it.

I replaced the uterus and inserted a Thomas-Smith pessary to keep it in position. But every day or two she would remove it and come back, saying it was doing no good. I failed to make her understand that it might take more time than she thought for her to be relieved. Finally, after this had gone on for three or four weeks, I said to her one day, "I am not going to insert that instrument again; and am not going to give you a dose of medicin, because you have tried every remedy in the materia medica that was likely to benefit you. But you go home, get a fountain syringe, and use two gallons of water just as hot as you can bear it three times a day; and if that don't relieve you, use more; for you had just as well be using the hot water as straining over a chamber all day.

I heard no more from her for three weeks, and supposed she had probably gone into the hands of some other doctor, when I received a letter from her stating she had not felt a symptom of her old trouble for ten days, and asking me what to do. I wrote her to keep up the hot water for a month longer, which she did, and was absolutely free from her bladder trouble up to the time of her death, two years later.

If you ask me why I prescribed the hot water, I am in the position of the Dutch Doctor: "If you don't ask me, I know; but if you do ask me, I don't know."

Reddich, Fla. B. P. WILSON, M.D.

A Local Anesthetic Formula.

EDITOR MEDICAL WORLD:—I occasionally run on to something that is so good that I don't like to keep it to myself, and I am going to tell of one, and if you care to use it you may do so; if you don't, no one is hurt, not even the feelings of the undersigned.

We in the country have to pull many teeth. I have tried very many advertised fluids, and while they all do the anesthetic work all right, I occasionally strike a person who shows decided symptoms of cocain poisoning, even when the percentage of cocain in the solution is 1 per cent. I therefore got busy, and out of the dry bones of my head concocted the following formula, that I have used for three months, which has a perfect anesthetic effect, and I have not witnessed any bad effects; in fact, when you figure the very small amount of cocain, it would be impossible to get a cocain poisoning from it:

℞

Cocain hydrochlorid	5 gr.
Chloral hydrate	5 gr.
Phenol (pure)	5 gr.
Sodium chlorid (common salt)	5 gr.
Distilled water	8 oz.

This is a dandy, and it will make a reputation and many a dollar for any country man who cares to use it. Another thing: stick the needle in deep in injecting the gums—get the needle right against the roots. If you just have the needle thru the mucous membrane, the fluid does not do any good.

I enjoy reading THE MEDICAL WORLD, and am continually devouring its pages for helpful hints, for I certainly need them, and I find many in your journal. I believe if more of the readers of your journal would make public their "pet" formulas, that they consider "sure shots," and we all have some of them up our sleeves, it would help us younger men out immensely in our practise. L. L. BUNKER, M.D.

Clear Lake, Okla.

Medical Evolution.

EDITOR MEDICAL WORLD:—To-day, as never before in its history, the world is striving to get upon a higher plane. People everywhere are seeking knowledge consistent with higher ideals. A ban has been placed upon evil, and a premium upon virtue. A great tidal wave is gradually sweeping over the country, a movement advocating culture and advancement. The tendency is unquestionably towards better, loftier, and nobler things. These things have been brought about by a spirit that is largely characteristic of our age—the spirit of progress.

Great influence and power have been brought to bear toward bettering every science and cause, and our science of medicin has kept pace with the times. The physician of to-day has no comparison with the physician of two hundred years ago. The most unsavory concoctions of the modern pharmacy are as the nectar of ye gods, when compared with the medicins of ancient times. What would we think nowadays of a doctor prescribing "the blood from a black cat's tail" for skin troubles; live toads

Digitized by Google

tied behind the ear to stop bleeding; raspings of the human skull unburied, powdered spiders, adders, bats, or the thigh bone of an ox, for various diseases? Rather ridiculous, isn't it? But it is only too true. We can't deny it, even tho we are ashamed of the fact that our science sprung from such a low state. Perhaps many will not believe my statement; but there are still in existence some of the old publications which bear me out in every word. I know of and have seen the "Pharmacopoeia Londinensis," or the "New London Dispensatory," printed in 1676.

It would be almost impossible for one living in the twentieth century to believe that such gruesome horrors were prescribed; still we must accept that they were standard and up-to-date only two hundred years ago. And I presume if we could but lift the curtain of time and look two hundred years hence, we would see just as many ridiculous things in our now "modern medicin."

It may be that we will in time discover many new and valuable drugs, or possibly other remedial agencies will entirely take the place of drugs. But be it as it may, we should be liberal and not bigoted; we should be up-to-date rather than orthodox.

W. J. ROBBINS, M.D.

Saulte Ste. Marie, Mich.

A Cheerful Note from a Rural Doctor.

EDITOR WORLD:—I began the practise of medicin thirty years ago. I am now 50, and have learned some things not found in text books. The text books are all right to help us to confirm our diagnosis and formulate our treatment. But there are so *many* things not found there, you can't successfully practise from your text books, and medical journals are worse. Some good things in medical journals—oh, yes; and I would not be without them. Many good things I have gotten from THE WORLD.

The things I have learned, not from text books, are these:

Don't expect too great results from medicin.

Don't be too quick to form a diagnosis.

Be careful about your prognosis.

Learn to rely on your own common sense (if you have it).

Have no pets among your clientele. Treat everybody the same—kindly and considerately.

Don't expect *every* physician you meet in council to be a gentleman, and treat you with medical courtesy.

Don't, after you get your sheepskin and have passed the board, think you are *it;* and that you are going to astonish the nativs. There are others, as you will find out.

Don't, young man, after you have passed the board, etc., hang out your shingle in some city because of your great learning and because they have sidewalks, theatres, etc. Get right out "among the sticks and ticks," where your *very* limited knowledge will come in good play, and you won't be found out. There you will find out something about sick people and how to treat them; and you will also find the same kind of people there that you find on fashionable streets in big cities. Just let this sink down deep in your soul (if you have one): we are all just *people*, in city or country, and the people "among the sticks and ticks" need you.

Take my condition: it's fifteen miles from my office to another physician, and I have plenty to do—hard country work, I admit; but I get some good things unknown to the city physician. First, I get my pay. Then, I also get the love and confidence of my people. And I have none of that *awful* bickering, backbiting, undermining petty jealousy that the city fellow has to contend with. I am "lord of all I survey." Among the 400 or 500 families I treat, I am at home with any of them; eat corn bread and drink buttermilk with any of them whenever I wish it, and welcome. I would not exchange places with Osler, Jenkins, or any other 2 x 4. And there are many places in the *country*, as good as this, that have no physician. Yours in the bulrushes. W. J. PARKER.

Berryman, Mo.

A Hint to Druggist-Physicians.

EDITOR MEDICAL WORLD:—I am sending one of my printed counter wrappers. I have these wrappers printed by the thousand and find it a very good and inoffensiv way of doing home missionary work while I am practising medicin and dispensing drugs from my own drug store. True, they cost more than wrappers furnisht by patent medicin firms, but they are much cheaper and more satisfactory in the end. I think every physician who does his own dispensing should use them.

Digitized by Google

I hope you will show up the electrical ring in its proper light, as there are thousands of credulous people over the country who will readily give up their cash for any kind of quack contrivance, backed by nothing more than extravagant assertions.

W. M. WHEELER, M.D.

High Hill, Mo.

The "electro-chemical ring" that Dr. Wheeler refers to is so rank a fraud that none but the most ignorant will be caught on; and as these columns do not reach that class, we need not say anything furthere about it.

The wrapper inclosed is 9 x 12 inches, with the following printed on it in appropriate-sized type:

THIS IS NOT A PATENT MEDICIN ADVERTISEMENT.

Every one has a right to do as he pleases so long as he does not interfere with the rights of others.

If you can't say something good about a person you can at least keep silent. Many a man has grown rich attending to his own business and not meddling in the affairs of others.

A physician's stock in trade is his knowledge, not drugs. His business is to know what is the matter with you, what to do and how to do it. Getting this knowledge costs him much, in time and money. After devoting years of study to his line of work he should know more about it than the laymen, and is entitled to pay for it.

Don't be taken in "by advertising specialists" professors, patent medicins or appliances that cure everything. Medical ethics do not allow honest doctors to advertise with hot-air handbills. Neither do doctors who can obtain work at home travel over the country hunting business. If they were what they claim to be, business would hunt them.

Spend your money at home where it will help to build up your community and do you some good, instead of sending it off to a mail-order house for something not as good as you would get at home.

Don't try to get your neighbor dissatisfied with his doctor. If he is pleased, you ought to be.

If another man does not believe as you do, it is no sign that he is either a fool or a rascal. He may be just as intelligent and as honest as you are.

Don't think the doctors are under any more obligations to work for nothing than any one else. Doctors and their families must eat and have clothes to wear like other people. They also have bills to pay, and it takes money to pay them.

The doctor should have the confidence of his patient as completely as the priest has the confidence of his parishioner. If a doctor cannot be trusted implicitly with the secrets of his patients he should not be in the profession.

Do not stop the doctor every time you meet him and ask him where he is going, who is sick, and what is the matter with them. Some sick people do not care to have their afflictions discust in public, and some doctors do not like to lie to their friends.

When you employ a doctor follow his directions implicitly without regard to the gossip or suggestions of well-meaning but uninformed friends. This is the only way in which you may expect results.

When you need anything usually kept in a first-class, up-to-date drug store go to the

QUALITY DRUG STORE.

The stock is fresh. The price is right. You will be treated courteously and your patronage will be appreciated.

DEAR DR. TAYLOR:—I have taken THE MEDICAL WORLD from the time it first started, which is proof I am well pleased with it. Now old age is creeping on, and I thought of discontinuing the journal; but lately I have been reading the Camp Meeting talks. I consider you have sounded the right note; so I now inclose a dollar for my renewal. This will take the place of one you have lost. Go on with the good work. Some doctors use reason in everything but religion. J. D. MINARD.

Imlay City, Mich.

Twenty-Four Commandments.

Dr. J. I. T. Long, of Fruitland, Md., sends us a copy of a book which he has just finisht, entitled "Lines from a Doctor to His Son." The book ends with the following twenty-four commandments. Can you improve them? Can you add any?

1. Always speak the truth.
2. Never speak ill of any one.
3. Keep good company or none.
4. Live up to your engagements.
5. Be just before being generous.
6. Earn money before you spend it.
7. Drink no intoxicating drinks.
8. Good character is above all things else.
9. Keep your own secrets if you have any.
10. Never borrow if you can possibly avoid it.
11. Never play at any kind of games of chance.
12. Keep your promises if you would be happy.
13. Make no haste to be rich if you would prosper.
14. When you speak to a person, look him in the face.
15. Save when you are young to spend when you are old.
16. Never run in debt unless you see a way to get out again. (And not then, unless you have a good reason for it.)
17. Avoid temptation thru fear you may not withstand it.
18. Ever live (misfortune excepted) within your income.
19. Small and steady gains give competency with tranquillity of mind.
20. Good company and good conservation are the sinews of virtue.
21. When you retire, think over what you have done during the day.
22. Your character cannot be essentially injured except by yourself.
23. If any one speak evil of you, prove it untrue by the life you live.
24. When your hands can't be usefully employed, attend to the cultivation of the mind.

On the Frontier.

EDITOR MEDICAL WORLD:—THE WORLD continues to be a companion to me and goes with me on my very long drives that this country makes necessary; most of its pages are read when I am away from home. During my thirteen years of practise in eastern Pennsylvania I thought a five-mile drive a long one; here forty miles is not an uncommon thing. Also, there, if an emergency arose, I could call upon one of many physicians located near and have assistance; but now I must depend upon my own resources to a great extent. Two times during the past three months I have called into use articles I doubt if any others of your readers have had occasion to use. Have two teams of driving horses, using one every other day. Some ten weeks ago I came home after a thirty-mile drive to find one of my pair of little ponies (one purchast of an Indian for the big sum of $10) with a broken leg due to a kick from her driving mate. My first thought was to kill her, but being well broken and as good a driver as any horse I ever had—and some cost me twenty times as much—I made an effort to set the leg. After two days' trial found I could not keep the bones

Digitized by Google

in proper position; she was too activ. So placed a bandage over the hair and then applied a thick paste of Portland cement. A cast was built up from the hoof to the knee, so when she placed the foot to the ground the weight came upon the cast and not upon the bones. As soon as the cement was firm, she was turned out, and now, after eight weeks, the cast was removed, and apparently the union is perfect; is somewhat lame, but she daily improves, so that she is able to take her share to the buggy once more, the cast being off but two weeks.

While having but the one team, I used a bicycle on alternate days. While out on the wheel, I was called to an obstetrical case. These nativs have cared (?) for such cases themselves so long that they never call a physician unless the case is one that is out of the ordinary. I found a woman who had been in labor a day. The os had not dilated; the opening was indeed a "pin point." The head prest so firmly against it I could do little with Goodell dilators. So, after making sufficient dilatation with a grooved director to insert the Barnes bag, I tried to use fountain syringe upon same with unsatisfactory result. Then I used an instrument that I suppose is unusual in obstetrical practise. I took the foot pump from the bicycle, and must say that I never used a syringe with better result on a Barnes bag than I obtained from that pump.

Virsylvia, N. M. I. N. WOODMAN.

Dr. George E. Schuyleman, of Glenville, Neb., thinks that one reason that the old physicians are displaced by the younger ones is that when the old doctors were students there were no preliminary educational requirements for entrance into medical colleges, and the crude, two-year course was then in vogue, with little or no laboratory work, no bacteriology, etc.; and also, the educational standards among the people were lower then than now, and the man who fitted the old conditions cannot fit the new.

There is some truth in these observations; but the man who has taken medical journals, purchast and read new books, taken an occasional post-graduate course during all these years, and thus kept young and up with the times, is not taken into consideration by Dr. Schuyleman.

"I await with enthusiasm the advent of each monthly copy of THE WORLD."

The only journals I never fail to take are *Drug News* and THE MEDICAL WORLD. These I cannot do without. The contents seem to be written just for these journals, and seem intended for the reader and not to show off the writer. They are crisp, full of meat, and appropriate for the season and occasion. Both journals are deserving of the greatest success. Several other journals I take occasionally; when I tire of one I quit and take another.

Caistorville, Ont. DR. MCLELLAN.

DR. C. F. TAYLOR: DEAR DOCTOR:—Please send me "The City for the People," for which I will inclose 25 cents in stamps, as per offer in MAY WORLD, page 232. Have got the habit of reading the books you recommend, and it seems I cannot find the quitting place. Have bought and read Sheldon's "Story of the Bible," and Dr. Hinkle's (of Peoria) book; also lately read "Sixteen Crucified Saviours," by Graves. Having been something of a Bible student, these books opened out a new field of thought to me that I had not even so much as imagined was in existence. Without one has read the Bible a considerable, these books will not, in my judgment, do the readers much good, as they will have no foundation to build on or reason from. But to one having a knowledge of the Bible and a hungering and a thirsting after knowledge (or the truth), they are a small gold mine of information. Sincerely yours,

Decatur, Iowa. M. CAMP, M.D.

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Gunshot Wound of Heel.

EDITOR MEDICAL WORLD:—S. R. stood a shotgun on a stairway and started to go upstairs, when the gun slipt, and in sliding down the steps the hammer struck and the gun was discharged, and charge entered patient's heel. No. 2 shot, wads, leather, and sock entered the heel. The wound was almost directly upward thru the os calis. There was obstinate hemorrhage, which was finally controlled by packing. Patient was chloroformed and wound was cleansed as well as possible by probing, irrigating, etc. Removed most of the charge, etc. I am the only physician here and had to do the work alone. Was quite positiv that there were still some shot higher up that could not be removed, and told the patient that these would sluff away. Kept wound packt and free from infection for three weeks, and finally shot, etc., did come away thru sluffing and irrigating. Patient was unable to do work as a barber, so went to his home to stay until well, and while there he went to a hospital, where a part of the heel was amputated, and now he wears an artificial heel. My charges for everything were $25, but as yet have received nothing. Patient has said that he might start a suit for malpractise. I related the case exactly to a great surgeon, and he said I had done just right in doing no more than I had done and that the fellow was very lucky. What I would like to know is whether or not the patient would have any claim on me in a suit, as I would like to force him to time, but do not want a malpractise suit.

Patient is a "know all" and I think uses this method in getting out of payment. Would be pleased to hear from you or others as to my liability. These are some of our rewards.

Forest Lake, Minn. J. A. POIRIER.

[We cannot see that you are in any way liable in a legal way. It is not likely that any one would have treated the case differently. The law only demands of a physician "reasonable skill and ordinary knowl-

Digitized by Google

edge," and never requires expert skill at any practician's hands. If it actually came to a suit, your hope would be with the judge and the commonly accepted standard of skill and practise, for no living man can tell what an American jury will do. It is not likely that he has any intention of instituting legal proceedings, nor that he is talking on legal advice. It is your very best plan to force payment of this bill immediately; this in itself is generally sufficient to stop talk of a "damage suit." If he has no property, try a strong "bluff," and it may silence him. His talk will do you more real damage than a "damage suit." He cannot successfully maintain a suit for "malpractise," and if he enters proceedings at all, it will have to be on another basis, or his plea will fall. If you show the slightest timidity, he will become more bold. Attack him thru his pocketbook and you will probably quiet his complaints.—ED.]

Painful Ankle Following Delivery.

EDITOR MEDICAL WORLD:—I would like a few opinions on an obstinate case I have at present. Woman, aged 30 years, first child born April 1, 1910; patient made good recovery, altho labor was instrumental. Before child was born patient complained of pain in left ankle joint. For the last ten days she has had a good deal of trouble with that ankle. It swells a good deal and aches considerably. I am puzzled as to cause. MINN.

[Forget about having delivered her, and study her case without trying to connect this condition with any consequence of pregnancy or labor. Quite likely it is rheumatic, as the pregnant woman's kidneys have a greater burden thrown on them during pregnancy, and are quite apt to fail to do their full duty. Put one of the commercial clay poultices on it, and envelop in cotton. Examin the urin for any evidences of rheumatism, and if this be found, treat her just as if she had no baby. Even in event of no evidences of rheumatic taint being found on the urinary examination, it is likely that you will find alkalin diuretics and salicylate of sodium will do her good.—ED.]

Can Gall Stones Be Dissolved?

EDITOR MEDICAL WORLD:—In your opinion, will the following formula do what the manufacturers claim?

"Sodium succinate .....gr. iss
Sodium salicylate .....gr. iss
Sodium glyco. and taurochlorate...gr. iss

"Dose.—Where gall stones exist, two or three tablets should be taken three times a day after meals; when deposits have been dissolved or expelled, the treatment should be continued for some time, the patient taking 1 or 2 tablets three or four times a day."

I am anxious to know, as I have a patient carrying quite a load of gall stones, altho they are not giving any special trouble now. J. T. MOORE.
Mooresville, N. C.

[We do not know what the manufacturers may claim for this formula. We presume that you infer that they claim that this preparation *will dissolve* gall stones in all cases; read their literature again and see if they make any such claim. Few advertisers would have the temerity to place such claims before the profession, since but very few physicians of any experience admit the possibility of dissolving gall stones within the living body. It is true that in the above combination we have the agents which have had the greatest repute for possessing solvent power, but this is far from being conclusiv that such virtue is actually inherent in them.

Since there is no known method of saying whether or not a given gall bladder carries stones, we are curious to know how you have the assurance to state that your patient is "carrying quite a load of gall stones."—ED.]

Glandular Swellings in Neck.

EDITOR MEDICAL WORLD:—A Slav, 56 years of age, has glandular swellings of the neck right under both ears. About a year ago he had the tumors removed at one of the hospitals in Philadelphia. The growths have reappeared and are about the size of a hen's egg. On a very warm day two years ago he drank copiously from a spring which he claims was polluted. From that time on he says the enlargement began. Excision has always seemed to me to aggravate rather than alleviate glandular tumors of the neck. His general health is good. His occupation is that of a slate picker at a coal breaker.

Is there any medicament known to the profession that will help to discuss or absorb these swellings. Suggestions are desired, not only from the Editor, but from the whole family.
Allentown, Pa. E. F. STECKEL, M.D.

[We could not, of course, venture a diagnosis from the data you furnish. Ichthyol, two drams to an ounce of equal parts of lanolin and vaseline, applied as an unguent, will frequently cause the disappearance of glandular enlargements. Echinacea and the syrup of iodid of iron, internally, are of positiv benefit in most cases of simple glandular enlargement.—ED.]

Probably Lichen.

EDITOR MEDICAL WORLD:—Will you help to diagnose and treat a skin trouble I have had for two or three months? I and others have failed completely in doing any good for it. It began several weeks ago during a spell of sickness, with an itching and burning around the eyes and orbit,

Digitized by Google

then it went to the forehead, then to cheeks and lower part of face, then to neck, breast, and back of hands, and is now showing itself over body. It begins with a redness, burning, and itching; on forehead there were little lumps under skin, with thickening and dark reddish or cherry color of skin. There will come blotches of darkened red that seem to be in outer skin the size of a five-cent piece, then this outer skin gets dry and whitish as if dead, then the under layer goes thru a similar course, now and then a small opening the size of a pin head into fleshy part that smarts, burns, and itches. The skin is all wrinkled or like to a crumpled piece of soft paper. It has a fashion of going in or disappears; then it gives no trouble; but when the deep flush or blotches are out it shows itself aplenty. Nothing but a scratch stops it. It seems to get red, burns, and is sore over a bony surface, such as malar bone and clavicle. In the crease of palm of hands, it seems as if the outer skin was dead or like tetter. A blotch will raise up slick and sore, and lasts for a long while. The few lumps that raise up leave a dry horny centre that takes a point of penknife to remove. So far as I can I have given you the symptoms, and if you can give me any relief I will be under many obligations.

Newman, Ill. C. Rutherford, M.D.

[There are many points necessary for a diagnosis which you do not give, and as you are doubtless anxious for relief, we suggest your looking up Lichen ruber acuminatus and Lichen ruber planus in any good work on dermatology. Some of the features you mention make it possible that it is one of these which you have. Some writers call Lichen ruber acuminatus by the name pityriasis rubra pilaris. With the text at hand, it will not be difficult for you to determin a diagnosis if it be either of these two affections from which you suffer, if you remember that in skin diseases, as in other affections, we rarely, if ever, meet with a completely "classical" case. The text-book, of course, will indicate the treatment.

If you fail to establish the matter to your satisfaction, you can take it up with us again, when we will send you a list of questions to answer which will give us more information.—Ed.]

Spengler's "J. K."

Editor Medical World:—What do you or the World readers know of the Dr. Spengler treatment for tuberculosis? It is a form of serum known as "J. K." Am inclosing some of the literature. Dr. H. Strohl.

Quincy, Ill.

[We know practically nothing about Spengler's "J. K.," except that it contains "the immune bodies set free from the red cells," which Dr. Spengler claims is their chief source. It is only adapted to use in a sanatorium. Good results have been reported. If you will send to London for a copy of *The British Medical Journal* of November 28, 1908, you will find an article on it.—Ed.]

Care of Rubber Appliances.

Editor Medical World:—I desire a suggestion for preserving rubber goods, especially an obstetrical cushion. After having used one of Davidson's six or eight times I find it will not hold air at all. I have recently purchast the very best one I can get. Does oiling them or pouring on boiling water cause them to decay?

Moultrie, Ga. J. E. Lanier.

[Rubber goods will stand a great deal of exposure to hot water without any damage, but "oiling" will destroy them. Oil, in any form or under any circumstances, is death to rubber.

We know of no method of preserving obstetrical pads or other rubber goods, except to cleanse them carefully after use and dry thoroly before putting away. An obstetrical pad should never be tightly rolled or packt away, but should be laid loosely away until needed.—Ed.]

Can Red Iodid of Mercury Cause Nephritis?

Editor Medical World:—Is there anything significant in the following circumstances? I have treated a number of cases of tonsillitis this spring by different methods, according as they were follicular, catarrhal, or phlegmonous, and have noticed that in each case that I prescribed a tablet of aconite 1-5 gr., bryonia 1-10, belladonna 1-10, and red iodid hg. 1-100, that the patient developt nephritis. This has occurred five times, in patients young and old. No case of tonsillitis developt nephritis unless these tablets were used; and the cases were "tonsillitis," not diphtheria or scarlet fever, as might be suspected from the complication. Is this an example of drug irritation or did it just happen so? None of the cases seemed contagious, as they have been occurring in families that comprised many children and balance of family escaped infection without exception, so it could not have been that the cases were maskt forms of scarlet fever or diphtheria with nephritis complicating. The cases are all of the acute parenchymatous variety, and severe. No deaths so far, but two are yet passing albuminous urin showing casts and blood, and running some temperature. Let the "brethren" speak on this.

Iowa.

[We deem it merely a coincidence. This tablet is in quite general use thruout the country, and we have never had any complaint or inquiry concerning such a possibility before. It is not out of the ordinary for nephritis to develop as a sequel of any infection, and it doubtless occurs, in mild form, in many cases where it is never suspected by the attending physician. The symptoms in your cases were sufficiently grave to attract attention and prove

Digitized by Google

serious. Of course, if one were suspicious, his attention would be directed to the red iodid of mercury, as no one would think of blaming the aconite, belladonna, or bryonia. Why not secure and use a preparation containing these three drugs without the mercury, and note results and effects?

Our favorit treatment, for many years, for follicular tonsillitis, has been to swab the tonsils hourly, with pure peroxid of hydrogen, and to melt a tablet of calomel, from 1/8 to 1/4 grain according to age, hourly, on tongue. These are alternated, so that throat is treated every half hour. If there is any indication for other medication, such as aconite, belladonna, or bryonia, we use it in tincture.—ED.]

Gallium.

EDITOR MEDICAL WORLD:—Is the metal gallium used in medicin? I have it with other rare elements obtained during metallurgical experiments. I am interested in finding a market for same. Dr. W. L. Dabney, of Combs, Ark., a great physician and pharmacist, advised my seeking your aid. WM. H. DOSS.

Keota, Okla.

[If you have gallium in its purity, you have a metal which sells at high figures. It is not, to our knowledge, used in medicin, however. If you can furnish it, write to Merck & Company, New York, N. Y., and they can send you to a market, or will perhaps purchase themselves, as they are the largest dealers in the country.—ED.]

"Baunscheidtism."

EDITOR MEDICAL WORLD:—Can you give a short account of "Baunscheidtism"?

Algonac, Mich. W. E. BOSTWICK, M.D.

["Baunscheidtism" is a method of treating rheumatism and chronic neuralgia by intense counterirritation, this being produced by pricking the skin of the affected part with fine needles which have been dipt in oil of mustard, formic acid, or other irritant. If you will write any of the publishers advertising in THE WORLD, you will doubtless be able to get information on a book which will give details of the method. —ED.]

How May Mosquitoes Be Banisht?

EDITOR MEDICAL WORLD:—Give me the formula for a compound that will drive mosquitoes from a dwelling room. Also a paste that will keep them from the body all night. L. GOSHORN.

Taylor, Texas.

[We do not know of anything that will drive mosquitoes from a dwelling except fumigation by any of the ordinary fumigating agents, such as sulfur or formaldehyde. You might try some of the fumigant prepared as follows:

Vegetable charcoal	6 oz.
Benzoin	1 oz.
Nitrate of potash	½ oz.
Balsam tolu	
Sandalwood, āā	2 dr.
Mucilage tragacanth, sufficient.	

Reduce the solids to a fine powder; mix, and make into a stiff paste with the mucilage. Divide into cones weighing about 25 grains, and dry with a gentle heat. These burn when ignited by a match and may be efficient in banishing the pests.

If you will use the following lotion, we think it will be satisfactory. We presume it could be made into a paste without impairing its efficiency.

Oil cinnamon	1 part
Oil patchouli	1 part
Oil sandalwood	4 parts
Alcohol	400 parts

Mix, and apply to the skin.

In making a paste, the alcohol, of course, would have to be omitted, and its quantity substituted by any desired paste-forming element, or by vaseline if an ointment were desired.—ED.]

What is a Quack?

EDITOR MEDICAL WORLD:—I wish you to give us (the WORLD family) your opinion as to what constitutes a quack. Is it because he advertises? or is it because he claims to do things that cannot be done? I appreciate your opinion and enjoy THE WORLD as much as any reader. N. B. SHADE.

Washington, D. C.

[Both. And yet, a man may be a quack and neither advertise nor claim to accomplish the impossible. A man may be very unethical, and yet be a capable practician of medicin, who does the best he possibly can for every one who employs him. Such a man is certainly not a quack, tho he may be a very "undesirable" member of the profession.

We know men whose "quackery" consists in frightening the patient into the belief that their malady is worse than it really is; and this is their only unethical act. We know the most objectionable "quacks," who are graduates of the best medical schools, and who are well equipt and who employ skillfully the best and latest drugs, but their quackery consists in making the patient believe they are the only men who can cure this particular affection, and in exhibiting their equipment of instruments and putting the patient thru ridiculous "tests" and "examinations," thus creating undue alarm, so that they may extract an exorbi-

Digitized by Google

tant fee. We once knew such a man to use a stethoscope and assure his trusting patient that he was undergoing an "x-ray examination."

A "skillful" quack can practise his blandishments on a patient, and yet say nothing and commit no overt act that would indict him before a medical society. He may be so blatant that no decent practician can recognize him, and there are all shades and degrees of distinction between these two extremes. Therefore we do not believe "quack" can be defined.

A man might advertise, and might make true and honest statements; he may be skillful and well equipt; he may do the best possible practise he can; yet such a man would be branded as a quack, because custom forbids advertising. A man may be the lowest type of a "quack," and yet never advertise, nor commit any act that could be properly and positivly assailed; he may be a member of numerous medical societies, and prate loudly of ethics; and yet in contact with his patients he may in a thousand ways live the life of the most contemptible quack.—ED.]

"Mycolysine."

EDITOR MEDICAL WORLD:—Will you give us some information about "Mycolysine," manufactured by Dr. Eugene Doyen, of Paris, France? He claims to have extracted certain colloids from ferments, which, when taken into the system, cause an immense increase in the number of phagocytes—those soldiers and scavengers of the blood—thereby combating various diseases, killing their germs, and eradicating them. Is this true? Is it a therapeutic canard? It seems to me that the Doctor is on the right track, and that it is along the lines of cell formation that we must look in the future for our most successful remedies. Keep up your camp meeting, Doctor! Truth will prevail in spite of all the cranks, creeds, mossbacks, and "me-too's."

San Diego, Cal. ARTHUR A. COTTEW, M.D.

[We must confess our ignorance of "Mycolysine." If you will cite us to the literature where you got your information concerning his claims, we will give you our opinion on the matter. It would be very easy, by microscopical examination, to make a blood count and see whether ingestion of his preparation induces phagocytosis. Even if phagocytosis be produced, it does not follow that the claims you mention will be borne out in practise.

We are free to say that the theory is very interesting, and *if* the germs of a given disease are circulating in the blood, and *if* his colloids will produce phagocytosis, and *if* that phagocytosis will be sufficient to enable these cells to destroy the disease producing germs, then, indeed, the world has cause to rejoice.—ED.]

Removal of Wrinkles.

EDITOR MEDICAL WORLD:—Can you tell me of a reliable, safe, and successful method or process of removing wrinkles from the face, and what preparations are of assistance in accomplishing same? Also, can you tell me of any literature on this subject and cosmetics in general and where same can be obtained? J. W. ZEH, M.D.

Chicago, Ill.

[Wrinkles may be removed, or greatly modified, by nightly massage of the involved skin. Cod liver oil or lanolin may be used during the massage as an inunction. Many more elaborate preparations are employed, but the principle of massage and inunction is the same in the use of all.

You can procure from The Spatula Publishing Company, Boston, Mass., a pamphlet which gives many formulas for "skin foods," "massage creams," "complexion creams and lotions," etc. It is called Toilet Preparations, and we think the price is fifty cents.—ED.]

Badly Lacerated Wrist, With Partial Recovery.

EDITOR MEDICAL WORLD:—On October 26, 1909, F. D., 15 years, was caught in belt of sawmill. Came in office with hand and wrist torn from arm with exception of tendons and vessels on front, hand hanging, end of radius protruding. Put it in natural position on splint, which was two inches wide, drest the wound in usual way. Healing progrest satisfactorily till nearly healed; there was no trouble holding position. After about six weeks he ceast calling. It healed over and he used it some, having removed the splint. Gradually, later, it developt that wrist was in bad shape, progressing to a complete dislocation forward, shortening one inch; radius very prominent, threatening to come thru the tender cicatricial tissue. Of course, the dislocation was caused by pulling of the flexors while the extensors were out of commission.

Now, what I want to know is, what can be done? By putting at rest and protecting from motion, will the tissue over the end of bone become normal in time and permit of motion and some function? He can work the wrist with but little pain, except where bone impinges on the tender scar. Mo.

[An interesting case and a remarkable recovery—so far. Why do you not lengthen the flexor tendons by the operation detailed in all works on surgery? This would relieve all traction and permit the cicatricial tissue to escape from the constant pressure exerted against it by the misplaced end of the radius.

We would fear to keep it confined on a splint too long, lest you might get ankylosis

Digitized by Google

of a wrist which seems now to have some motion. It is not likely, either, that splinting will ever overcome the shortening of the flexor tendons, which seems to have taken place.—ED.]

Possibly Unsuspected Bright's.

EDITOR MEDICAL WORLD:—Will you kindly publish the following report of a case, that I may get some light as to diagnosis from the many subscribers to THE WORLD? Father dead at 45; mother also dead. Was sent to New York for operation, but was returned as not requiring operation, and died two weeks later. Cause of death unknown. Was always strong and robust; 5 feet 8 inches, and weighed 158 pounds. He was 25 years old. Consulted me on the 5th inst., on account of weakness in legs; not painful. He had intense thirst and said his head felt heavy and full. Tongue was raw and furrowed and had no coating. Appetite was good. Bowels constipated. Urin was normal as far as patient knew, except that he voided larger quantities than natural. His temperature was 99.3° F., and pulse 82. Respirations were normal. No abnormality of heart or lungs. No distention or tenderness of abdomen. The skin was sallow, but had normal moisture. His nose bled on way to my office from no apparent cause (he had been shoveling wheat before leaving his home to consult me). He had been having seminal emissions at night during the preceding month. He suffered from slightly stuffing hemorrhoids. Stupor developt five days after I saw him, and death occurred two days later. He vomited once, which I ascribed to taking a Seidlitz powder after breakfast, instead of before, as ordered. Gave 5 grains of calomel, in divided doses, followed by Seidlitz powder every morning. Careful examination of urin failed to reveal any sugar, and no sugar was found at hospital examination. They had arranged for operation on hemorrhoids, but stupor developt. There was no pupillary change after development of stupor. A consultation at hospital failed to reach any definit conclusion. Was this autointoxication, diabetes mellitus, pancreatitis? or what was it? I will be thankful for any suggestions as to any other symptoms for which I might have searcht, or for any enlightenment I may get on the case. W. M. R. PALMER, M.D.
Craik, Saskatchewan, Canada.

[Acute pancreatitis may be excluded by the fact that this disease always presents excruciating and deep-seated pain in the epigastrium between xiphoid and umbilicus. There is nausea, retching, and *severe* vomiting. There is dyspnea, with rapid and feeble pulse. Tympanites is present. Collapse occurs on second to fourth day. There is, of course, a pancreatic diabetes.

Autointoxication would have had more pronounced prodromal symptoms, and death would not have occurred so quickly. Higher fever would have been present before serious symptoms developt.

It is not likely that diabetes mellitus would have progressed so close to a fatal termination with no more pronounced symptoms than "weakness in legs, and seminal emissions at night"; even presuming it possible for sugar to have been present and have escaped detection at both your own and the hospital physician's hands. Before diabetic coma develops, the polyuria is lessened, and the breath and urin give forth a pronounced "fruity" odor. It is generally preceded, too, by extreme emaciation.

On the other hand, in Bright's disease, coma is often the first symptom which attracts attention. Your case looks to us much like one of uremic coma, due to an unsuspected Bright's.

Every effort should be made in cases like this to secure the consent of the friends to a post-mortem examination, which should include the kidneys, pancreas, liver, gall bladder, etc. In fact, all vital organs should be included in the examination. Doubtless you will receive many comments from various members of the family, which will be valuable to you in the way of suggesting new lines of thought.—ED.]

Bacteriology and the Laity.

EDITOR MEDICAL WORLD:—Patient was bitten thru overalls, drawers, and trousers by a horse, producing contusion or contused wound with some abrasion of skin and considerable hemorrhage into surrounding tissue. Cleansed wound with bichlorid of mercury solution and applied borated cotton, and kept moist with witch hazel; later dusted with Tyree's antiseptic powder and powdered borax to induce dessication and formation of scar tissue. Another M.D. advised pulling off "scab" formation and application to "make it matter." I do not hope to convert the "old fogy" M.D., but I do wish to educate the laity out of this Noachian idea. Say something to the point.
C. W. L.; TENN.

[We could not, nor could any one else, say anything "to the point" of convincing a layman of the fact that lesions should not produce pus if properly treated. In order for them to appreciate the force of argument, it would be necessary for them to understand enuf of bacteriology to grasp the idea of germs, their habits and effects, and the methods by which infection of a wound occurs. It is not possible for them to form any conception of these complicated processes, therefore any statements to them would be useless. The layman will always form his own estimate of the knowledge and ability of a doctor, and the man who wanted the lesion to "matter" is quite as likely to have honor as are you with your modern knowledge. It would not be sur-

Digitized by Google

prising to us to know of him being heralded as learned, and yourself as being an "ignorant bug doctor."

In such cases, make a few plain statements, and trust to luck to have them believed. If you go into details, you will merely confuse your lay auditors, and the result will be that they will probably estimate you as an "ignoramus" who seeks to cover his ignorance with a lot of talk. It is positiv that if they "have confidence" in the "old fogy," your talk will be of no avail. A good little book to hand to a really intelligent layman, if you have the time and inclination to seek their enlightenment, is sold by World Book Company, Yonkers-on-Hudson, N. Y., at 60 cents, and is known as Primer of Sanitation. It is the only book we have ever seen from which a layman could grasp an intelligent idea of the rudiments of bacteriology. Its contents, however, would be too extended for a talk during a call to attend an injury; likewise it is too long for us to quote here.—Ed.]

Injection of Air for Neuralgia.

Editor Medical World:—The inclosed reprint on "Injection of Air in the Treatment of Neuralgia," by A. P. Condon, presents a treatment so new to me that I am anxious to know what The Medical World thinks of it. Would there be danger in using it in the neck or shoulder for treatment of facial neuralgia?

Lander, Wyo. M. S. Elliott, M.D.

[See our comments in another column. —Ed]

Locomotor Ataxia.

Editor Medical World:—Mr. R. R. P.: single, occupation machinest and railroad engineer. Born in New York, oldest of three children—two boys, one girl. Mother died when he was 8, at the age of 28, of either typhoid fever or tuberculosis. Father died at age of 43, of "abscess of stomach," probably cancer. Brother was killed at 19, in railroad accident. Sister living, in good health. Patient has had all the exanthemata of childhood. Was rhus poisoned at age of 14, epilepsy resulting therefrom, which lasted three years; a fit or two a month. Volunteered in the regular army at 18, was sent West, serving three years. Epilepsy returning, was discharged on account of this disability, and put in a government hospital in Texas. After about a year fits stopt and have never returned. "Been bad after women," but never had any venereal diseases. Drank whiskey all his life; to excess sometimes. Has been a hard worker all his life. Present trouble began about eighteen months ago with a chill. I administered anti-malarial treatment. After four or five days of fever he was up and able to resume work at a gin, but feeling "all undone." After a week or two moved to a community where there were several cases of typhoid. Took ambulatory typhoid, continuing to work at a mill for two weeks. Then he consulted a physician, who diagnosed as above, putting him to bed and under treatment. After three weeks more, fever subsided, appetite returning; he was then put on a tonic and allowed to be up. He did not want to stay in bed, and was thought by his physician to be convalescing. During the course of the fever, pain and numbness developt in his legs, but he continued to go about, moving back to my vicinity, and begun to do light work. The pains in legs and numbness in feet grew worse; while at work one day he fell very hard, apparently without a cause, being unconscious for a while. A physician pronounced it "heart trouble," giving an unfavorable prognosis: ordered calomel and strychnin. After a few days he was up, but the pains and numbness a little worse, so he could not resume work. In two or three weeks he fell again, and had to be carried in the house, but was conscious; said his "knees gave out." I was called and found him up again; after examining him carefully I found the following: Romberg's symptom markt; complete inability to walk a 4-inch plank in the floor; Argyll-Robertson pupil; patellar reflex (Westphal's phenomenon) entirely absent; no Babinski symptom; lightning-like pains complained of in legs; chest felt as tho there was a girdle around it; heart a little fast, but no fever; stomach normal but bowels constipated; appetite good. Said he felt as tho he was in a building where heavy machinery was running very fast. I diagnosed locomotor ataxia. After giving a calomel and saline purge, put him on fl. ext. nux, 6 drops before meals, and pot. iodid, 12 drops of a saturated solution three times a day, increasing 1 drop a day till 60 drops was reached t. i. d. When this was reached he began to bleed at nose, with petechia all over body, from the size of a pea to quarter dollar; edema of feet and ankles; a large blister on ball of left big toe. The iodid was with rawn, petechia disappeared in a few days, but the edema was worse. I then put him on pilocarpin, 1-5 gr., three times a day for three days, when all the swelling disappeared and my patient was too weak to be up. The iodid was resumed after eight days with 10 drops, increasing 1 drop a day, when epistaxis and petechia again appeared at 20 drops t. i. d. Iodid was withdrawn and patient put on manola and nuclein, the nux withdrawn; in two weeks he was up and able to go by aid of sticks. About once a week bowels would have watery discharges which was at times without tenesmus, hence involuntary movements. The pain in legs grew worse, and numbness reached to knees, and feet felt as tho standing on wool. I had to resort to morphin for ease, but he gained about twenty pounds in weight (when I first saw him he weighed 120 pounds, normal weight 170 pounds). When his bowels would take these "spells" he would vomit, without any nausea, great quantities of bile, mucus, and water. Kept under the manola and neuclin for several months, finally his paralysis got so bad that he could not walk, even by watching his feet as he formerly had done. After falling repeatedly, quit trying, and took his bed and chair. He has now been chair and bed-ridden three months. At that time I withdrew the manola and put him on chromium sul. 5 gr. after meals, increasing to 10 gr., in glass of water containing the neuclin. He seemed to improve for first thirty days, pains all stopt, and able to get up himself; then edema of feet and legs began again, also ascites, heart very fast, but pain entirely gone. At this writing he has incontinence of urin and feces; the latter very

Digitized by Google

watery. Eats heartily; bed-ridden but able to feed himself. Arms and hands feel as tho in wool, eyesight good, intellect normal. Feet and legs so swollen that I withdrew the chromium and gave him 12 drops of specific tr. of apocynum every three hours during daytime, which caused so much watery discharge from bowels that the medicin was reduced to 5 drops. Discharges continued, and dropsy disappearing fast. I saw him to-day and put him back on chromium sul. 5 gr. after meals, and apocynum 2½ drops every three hours, none at night. Now, Doctor, this man has stuck to me fourteen months; when I began he was able to walk; now he cannot. The I. O. O. F. and Masons here are paying a neighbor $50 a month to take care of this man, with an opportunity to put him in a hospital at about the same price (with medical attention added, of course) or, after four months we can put him in the Masonic Home; pay the same, of course. Now, am I right in diagnosis? and what can I do to put him walking again? Let me hear from the family generally. J. T. MILLS, M.D.

Henderson, Okla.

[We fear your diagnosis is correct, and we also fear that none of the family will be able to give you any suggestion as to "put him walking again." You have given a very complete history, which is, of course, complicated. We cannot agree with that part of it ascribing the development of epilepsy to rhus poisoning, however; it looks to us merely as if epilepsy had developt at that age, which is not unusual. Your case of epilepsy has been grafted upon, or complicated by, a degeneration of the spinal cord, which is not curable. You may possibly have another complication, Bright's disease, tho you do not state if the urin has been examined.

You have done as well by him as any doctor could have done, but it is not often that these patients will continue with the same medical adviser over so long a period, the progress of the case always being unsatisfactory to all concerned.—ED.]

"Orange Blossom."

Inquiry is received as to the above. The following appeared in April WORLD, 1908, page 170:

EDITOR MEDICAL WORLD:—The formula for Orange Blossom is askt for in the March WORLD. In 1889 Dr. M. Miller, then of South Bend, Ind., and formerly in the office of the manufacturer of Orange Blossom, gave me its true formula, as follows:

Alum	2 parts
Borax	1 part
Caustic potash	1 part
Opium	1 part

I believe this is correct, especially as to the caustic potash. "Alabama" can easily try it.

Sheridan, Wyo. HORACE P. HOLMES, M.D.

A fuller consideration appears in March WORLD, 1908, to which the reader is referred and which is too long to reproduce in full. But for the convenience of those not having that number at hand, we reproduce the following formula, according to the *New Idea:*

Zinc sulfate	1 dr.
Alum	15 gr.
Cocoa butter	3 dr.
White wax	½ dr.
Oil sweet almonds	1½ dr.
Ext. henbane	1 gr.

Also the following note:

The Mulford Company, and perhaps other manufacturers, make uterin wafers or lozenges for physicians' use. The following is the Mulford formula, made in lozenge shape and also in elliptical double cone shape.

Alum	3 gr.
Zinc sulfocarbolate	1 gr.
Fluid hydrastis (colorless)	1½ min.
Morphin sulfate	1-20 gr.
Boric acid	7 gr.
Borax	5 gr.
Oil rose geranium, q. s.	

The Mulford list price is $3 per 1,000; and as a discount of 25 per cent. is allowed to physicians, the net price is $2.25.

Painful Ankle.

EDITOR MEDICAL WORLD:—Can any of the family give me any assistance in the treatment of the following case? Male, aged 45, was attackt with pain near the cuneiform bone, sometimes radiating into ankle joint. There is some swelling and the pain is so acute that it is sometimes impossible for him to walk. He is well otherwise. Family history of scrofulous or tuberculous diathesis. Have tried hot fomentations, salicylates, etc. Give diagnosis and treatment.

Jonesboro, Tenn. E. O. DEPEW, M.D.

[There is not enuf information in your letter to permit of our making any diagnosis. One would naturally think of rheumatism or a sprain. In either event, the foot should be placed at rest for a time. Try a fly blister on the site of pain. If this fails to relieve, use the commercial clay poultice for a week.—ED.]

Hypnotism.

EDITOR MEDICAL WORLD:—Will you kindly tell me where I can procure a publication on hypnotism or mesmerism? C. N. STUESSER.

Oconomowoc, Wis.

[The following books will interest you:

Hypnotic Therapeutics in Theory and Practise. By John Duncan Quackenbos. Publisht at $2. by Harper Brothers, New York, N. Y.

Hypnotism in Mental and Moral Culture. Same author and publisher. Price not known.

The Psychic Treatment of Nervous Disorders. By Paul Dubois. Sixth edition. Translated by Smith Ely Jeliffe and William A. White. Publisht by Funk & Wagnalls, New York, N. Y., at $3.

Suggestiv Therapeutics; Applied Hypnotism; Psychic Science. By Henry S. Munroe. Second

Digitized by Google

edition. Publisht by C. V. Mosby, St. Louis, Mo., at $3.

Suggestion. By George C. Pitzer, M.D. Seventh edition. Los Angeles, Cal. Sold by the author at $1.

There are many other really good books in this line, and if you read a few of the above you will find references galore to this class of literature. —ED.]

EDITOR MEDICAL WORLD:—What work would you recommend on "Abortion; Causes and Treatment."

CHAS. J. HEMMINGER, M.D.

Rockwood, Pa.

[We know of no book devoted to consideration of "Abortion; Causes and Treatment." Every work on obstetrics takes up these matters in detail, and you cannot miss it by buying any of the standard textbooks on this branch, as the instruction is practically the same in all.—ED.]

EDITOR MEDICAL WORLD:—Will you publish the formula of "diabetol," put up by the Ames Chemical Company, of Whitney, N. Y.?

G. W. GEYER, M.D.

5401 Kingsessing Ave., Phila., Pa.

[Can any of our readers supply this formula? The Editors do not know it.—ED.]

CURRENT MEDICAL THOUGHT.

Momberg's Belt in Post-Partum Hemorrhage.

Dr. W. Legwart, Assistant to Bumni's Clinic, Berlin, has reported some new cases of the successful use of this new method. Twenty-four cases in all have now been recorded, and the success enjoyed warrants this plan being given place in the equipment of every obstetrician. It is so easy of application, and its use does not interfere with the employment of other remedial measures. Momberg advised the use of a rubber tube or band, passed two or three times about the waist, and then drawn tighter until the bleeding is stopt. Anything could be used that will pass around the woman's waist: a rope, a strip torn from a bed sheet, a belt, even a roller bandage. Almost every doctor has an Esmarch tourniquet, and this would be an ideal method of making the pressure. This tourniquet is light, inexpensiv, and easily carried in the satchel. Every practician, and especially every country doctor, should be cognizant of this method. Working alone, he could often apply this Momberg belt and go on with the application of other measures. If the Esmarch tourniquet were used, it could be quickly fastened, after being applied, by the hook and chain with which the ends of this tourniquet are supplied. No technic is necessary; the appliance need not be sterilized; merely pass the constricting agent about the waist and tighten it. The action will be readily understood by any one. A continuous and firm pressure is made by the abdominal walls pressing down upon the uterus, thus affording every opportunity of encouraging contraction.

One case of successful employment of this method has been reported in a case of placenta prævia.

There is often an immediate beneficial

[Cut reproduced from *Medical Review of Reviews.*]

effect noted on the action of the heart. One case, almost pulseless when the constriction was applied, quickly developt a good pulse of 80; on loosening the band, it immediatel again went up to 130. Only one case complained of the tightness, and she developt slight dyspnea, but the majority of the women bore the constriction well. In one case of curetment, the uterus being perforated, the woman reacht the hospital almost pulseless. The bandage was applied, laparotomy performed, and the uterus totally removed. This case proved that no injury to the internal organs followed the application of the bandage. Failure is said to be impossible if the constriction be made tightly enuf.

C. F. TAYLOR, M.D.; DEAR DOCTOR:—Incloseđ I send draft for $3. I do not agree with you altogether in your views regarding medicin, politics, or religion; but I get a great many valuable ideas, and I acknowledge I must unlearn some things that I have cherisht for many years as truths on all these three subjects; and as your columns are such good exponents for ideas issuing from so many brains, I want to continue a subscriber.

Varna, Ill. GEO. S. PARK.

Digitized by Google

Diet for Consumptivs.

When we were on the farm, in childhood, we remember that the last of the milk taken from the cow, called the "strippings," was put directly with the cream. Dr. B. J. Kendall, of Geneva, Ill., claims that these "strippings" will cure consumption if used properly and persistently. A proper cow should be selected, preferably a Jersey. He says:

The last quart should be milkt into a separate dish which rests in a larger vessel containing warm water just sufficient to prevent the strippings from cooling below blood heat. The cow should be thoroly cleaned to prevent any dirt getting into the milk, so the patient can blow back the froth and drink at once without straining, as this cools it too much. Begin by drinking nearly a pint in the morning and the same at night, and increase the quantity gradually so that in ten or fifteen days a full quart will be taken twice a day. It should be taken *immediately* after milking, before it has had time to cool any. All should be taken that can be without too much discomfort, and then rest two or three minutes and drink more and rest again, and so on until a full quart has been taken. In about fifteen minutes the patient should eat at the table such articles of food as are known to agree with the stomach. At noon eat as usual.

When the strippings are not allowed to cool below blood heat and taken immediately after it is milkt, a full quart will be transfused into the circulation in a remarkably short time.

I never have seen a case but could take the strippings without any discomfort worth mentioning when above directions were followed strictly, altho some have declared they could not before trying it; but when they delayed taking for half an hour and the milk had cooled 10 degrees I have seen half a pint make them very sick. The great secret of success with it is in taking it *immediately* after milking and not allowing it to cool below blood heat, taking a full quart morning and evening and having milk that is *very rich*.

This is a modification of the milk diet known to be so valuable to consumptivs, and it is doubtless an improvement upon the ordinary way of taking milk. Many patients imagin that they cannot take milk unless it is very cold. It is much more beneficial if taken warm, and taken as above is much better than to allow the "strippings" (nearly all cream) to cool, and then warm artificially. Dr. Kendall says he has prescribed this diet in hundreds of cases in the last 15 years, and when followed according to directions it has never failed to increase the weight and accordingly benefit the patient.

Dr. Pettey's Treatment of Delirium Tremens.

This condition is defined as a functional disturbance coming on during the course of chronic alcoholism and is due to accumulation of toxic poison in the blood. These poisons are of both drug and auto-origin. The potency of these poisons is progressivly increast by a loss of the fluid element of the blood by excessiv perspiration and by definit absorption of water from the stomach. In fully developt cases the volume of circulating medium is pathologically decreast. The brain is hyperemic in a large majority of cases and anemic in a small per cent. These conditions of the brain are an essential factor in the immediate causation of the delirium. In order to intelligently apply remedies to the control of delirium it is necessary to differentiate the hyperemic from the anemic cases.

The indications in treatment are support of vital functions, control or arrest of delirium, and removal of poison from the blood.

For the purpose of restoring the volume of blood, supporting action of heart and promoting elimination by kidneys, normal salt solution is given by rectum, by hypodermoclysis and, in severe cases, intravenously. This is pusht until the entire arterial and venous systems are filled with fluids to their utmost capacity. Then this fluid is drained off by the bowel with large and repeated doses of Epsom salts, the idea being to practically wash the poison out of the blood by forcing fluids into the system and draining the same off by the bowel and kidneys. Calomel is given in full doses at the beginning of the treatment. Sparteine in doses of two grains is given every two to six hours for the purpose of giving additional support to the heart and promoting action of kidneys. This remedy is clast as our most reliable heart tonic and an efficient non-irritating diuretic.

The free introduction of normal salt solution gives most reliable support to the heart; dilutes and renders less toxic the poison in the blood; improves the condition of the patient in every respect, and does much to allay the delirium. But for the special purpose of combating the delirium, in the hyperemic cases, gelsemium is given in doses of one-twenty-fifth grain every one to two hours until its full physiological effect is developt, unless the delirium and unrest is sooner allayed. This drug is a reliable cerebral sedativ and motor depressant, and is not incompatible with any drug indicated in the hyperemic type of cases, but should not be given in the anemic cases. Strychnin, a drug the effects of which are directly opposit to those of gelsemium, is given for the control of the delirium in the anemic cases. Strychnin is positivly contradicted in the hyperemic cases, but in the anemic cases, by increasing the blood supply to the brain, it quiets delirium. Alcohol is reduced to a moderate quantity, but not entirely withdrawn during the delirium. Physical restraint is condemned. Opiates and other narcotic and sleep producing drugs are condemned. They are not only dangerous *per se*, but interfere fatally with the action of curativ remedies.

This plan of treatment has been employed, when indicated, in 450 consecutiv cases of chronic alcoholism. Some of these were delirious when admitted; others developt delirium after admission; but in no case did the delirium resist the treatment longer than 24 hours, and in most cases this symptom was overcome in from 6 to 12 hours from the beginning of treatment. No death from delir-

Digitized by Google

ium tremens occurred in the entire series of 450 cases.

Hop Vines to Exclude Flies.

A writer in the *Christian Advocate* of New York suggests that hop vines may be objectionable to flies. Living in a town in Bulgaria, a land where filth and rubbish abound as almost nowhere in America, this writer considers that her house may be considered a fair testing place for the efficacy of hop vines in keeping out flies. The vines run over the porch and over the windows. There are no screens, but no flies enter the kitchen no matter what cooking is done there. When the vines were laid on the ground so that the house could be whitewashed, the flies swarmed into the kitchen; on replacing the vines, freedom from flies was again enjoyed. Although we depend so much on screens in the United States, this information may interest many because screens can seldom be perfectly effectiv. It may be a question whether the flies are actually kept out of the room because the hop vines are objectionable to the insects or because the room is darkened by the vines over the windows. Any room that is kept fairly dark has no attraction for flies.—*J. A. M. A.*

How Some Collection Agencies Thrive.

There is a certain class of collection agencies which make a fairly fat living on the pretext that they have been peculiarly successful in collecting on old claims. In soliciting business they lay their emphasis on the old claim accepting those that are outlawed by statutes of limitations or are against debtors who are known to be execution-proof—wooden Indians—so to speak.

The question comes: how can this sort of business be profitable for anybody if the subscriber pays no fee in advance? The answer is found in reading the agreement entered into between the agency and subscriber. It requires the latter to send six reports each twenty days with two 2-cent postage stamps with each item. This seems like a small contribution from one house, about thirty-five cents per month, but multiply this sum for a few hundred subscribers and we have quite a total of easy money. Add to this a commission now and then on a collection, and consider further that most subscribers will have no way of checking up any collection which may be made, it will be seen that the business is not quite akin to the process of "squeezing blood out of a stone." It is no venture to say that the total outcome is not to the advantage of anybody but the so-called collection agency.

What is the use of maintaining these parasites, petty grafters on the commercial world?—*Bul. of the Nat. Ass'n of Credit Men.*

Disgraceful Condition of Water Supply of Niagara Falls.

At a recent session of the conference of sanitary officers of the state of New York, held at Niagara Falls, Prof. W. T. Sedgwick, of the Massachusetts Institute of Technology, severely criticised the conditions at Niagara Falls, saying:

"One of the worst plague spots, if not the worst, in respect to typhoid fever, in the United States, is Niagara Falls, in which the death rate from this disease ranged from 109.9 to 186.9 per 1,000,000 in the decade of 1897-1907.

"The sewage pollution of Niagara Falls is a matter of national, nor merely local, concern, for Niagara Falls is visited annually by hundreds of thousands of persons from all parts of the country, many of whom contract typhoid fever there and die of it.

"The state of affairs at Niagara Falls is a public disgrace to the state of New York and to the United States of America."—*Municipal Engineering.*

Danger of Rest in the Treatment of Sprains.

Sprained ankles and knees are commonest on the football field, and I fancy that it has been largely from the experience gained in treating these football injuries that surgeons have come to realize the danger of rest. * * * Gradually it has become evident that most of the disability after sprains resulted not from the sprain but from the treatment, the unhealthy stagnation of fluid about an unused joint, the resulting adhesions and muscular atrophy. Now our football surgeons treat their sprains by massage and moderate exercise from the outset, thus avoiding the stiffening, the atrophy, and the tedious weeks of convalescence which they used to inflict.—*Dr. Richard C. Cabot.*

Miracles of Healing.

Thruout ancient and primitiv times disease was lookt upon as a manifestation of the influence of evil spirits. Both disease and death were, accordingly, considered unnatural. By reason of the same circumstance, religion and the art of healing were intimately related. It is, therefore, not surprising that methods of treatment should at different times have been exceedingly varied and bizarre. The subject is a most interesting one from many points of view, and a valuable contribution to it has been made by Mr. Charles W. Waddle (*American Journal of Psychology*, April, 1909, page 219), who details the results of a most elaborate and painstaking study of so-called miracles of healing. He points out that there have been miracle workers in every age, under the most diverse conditions of civilization and savagery, among all races and under all forms of religion. Almost all miracle workers have attacht religious significance to the wonders they have been able to perform, because, being unable to explain the phenomena, they have attributed them to the activity of such supernatural agencies as they believed to exist. By such wonders men have always been led to a contemplation of the mysterious and thru such contemplation they have been led to formulate many of their religious notions.

The crude and often irrational explanations of miracles common to primitiv and even civilized man have become less and less prevalent with the advance of physical sciences. Scientific phychology and psychotherapy have done much to rationalize our views by demonstrating the possibility of explaining supposedly supernatural happenings on the basis of the laws of physical and mental activity. Nevertheless, belief in the supernatural still persists in consequence of the tendency of the human mind so to react, and of its inherent limitations and necessary finiteness. There is strong evidence that cures that have seemed miraculous are effected in large part thru the influence of the mind on the body. They have seemed miraculous because the laws under which they ok place were not understood. Their

Digitized by Google

explanation is to be found in the fact that the mind tends to translate into physical action any suggestion or idea that can be activly aroused and kept at the focus of attention. Any system will succeed that can make this law operativ for suggestions of physical, mental, and moral well-being. Methods of attaining this end will necessarily vary, and it is not likely that any one uniform or scientific system will be able to make suggestion effectual in all cases. Accordingly, there will probably be different mental healing cults as long as men think differently in the fields of philosophy and religion. Saner and more scientific views on the subject of mental healing may be expected to prevail, but the religious elements of faith in the efficacy of prayer, belief in the supernatural and other deeply-rooted instincts are not to be neglected as means of making suggestions effectual. Appeal is made not wholly or chiefly to the mind acting in its most rational way, but to the deeper, more fundamental activities, rooted in instincts, habits, and hereditary tendencies, which are more far-reaching in effect than anything in the rational activity of the individual mind.

There is reason to believe that churchmen, physicians, and psychologists have all conceived of their functions and relations from too narrow a viewpoint and that they need to co-operate for mutual understanding and profit. There will probably be no contradiction of the statement that, rightly conceived, the laws of mental healing have a significance as hygienic measures equal to their usefulness as means of cure, and that they are, therefore, of moral, spiritual, and pedagogic value as a means of establishing correct habits and activities in these fields.—*Editorial in Penna. Med. Jour. for April.*

The Declaration of the Prescription.

[The following "Declaration" was adopted by a joint meeting of the Chicago Medical Society and the Chicago Branch of the American Pharmaceutical Association, on the evening of Feb. 8, 1908. It is being considered by other bodies in other parts of the country. It was read in connection with a paper on this subject before the Philadelphia County Medical Society, March 29, 1909, by I. V. Stanley Stanislaus, Ph.G., B.Sc., Phar.D., Dean of the Department of Pharmacy of the Medico-Chirurgical College of Philadelphia.]

"*First.*—The prescription is an utterance of the prescriber who alone should direct and control its employment. It should, whenever practicable, carry the name of the patient, the age in years, if a minor, and the date when written.

"*Second.*—The pharmacist who prepares the medicin should retain the prescription as reference for his services and as record for a certain limited period, not less than five years, for the protection of the prescriber, himself and the patient.

"*Third.*—The medicin prescribed should be supplied not more than once on the same prescription: (1) if ordered by the prescriber "not to be repeated" (N. rep.); (2) if containing medicinal substances commonly called narcotic or habit-forming drugs; (3) if called for by some person known *not* to be the *original holder.*

"*Fourth.*—A copy of the prescription may be furnisht and should be written on an especial blank, containing a *declaration* that *it is a copy of a prescription which has been delivered to the original holder* and is *not* to be *refilled* except on order of the prescriber. The copy is made without recourse to possible error."

Tincture of White Soap.

Dr. Dunnington, in the *Old Dominion Journal of Medicin,* gives the following method of preparing a tincture of white soap:

White castile soap	1200 gm.
Stronger ammonia	100 c. c.
Alcohol	1400 c. c.
Distilled water	1300 c. c.

Cut the soap into thin shavings and allow it to stand for several days in the liquid, stirring three or four times. Decant the clear liquid. The ammonia and alcohol escape by evaporation, and a liquid soap of the consistency of green soap is obtained, if such be desired. The evaporation may be retarded by close stoppering.

Cold compresses are of service in tonsillitis at any age. They are useless if the wet compress is placed *around* the neck, as it then fails to cover the site of inflammation. It should be put under the chin and brought up around the side of the neck on either side, and be of sufficient width to cover the peritonsilar area. It is dipt in the cold water and prest out slightly, quickly applied, and covered with a piece of rubber or oiled silk. It should be renewed every twenty minutes to half hour.

$5 Rate Insurance Companies.

The following companies are now paying the $5 rate for life insurance examinations:

Operating in Texas.

American Central Life, Indianapolis, Ind.
American Home Life, Fort Worth, Texas.
American National Life, of Galveston, Texas.
Bankers Reserve Life, of Omaha, Neb.
Etna Life, of Hartford, Conn.
Citizens Life, of Louisville, Ky.
Capitol Life, of Denver, Col.
Colorado National Life, of Denver.
Fort Worth Life, of Fort Worth, Texas.
Great Southern Life, Houston, Texas.
Guarantee Life, of Houston, Texas.
Hartford Life, Hartford, Conn.
Kansas City Life, Kansas City.
Manhattan Life, of New York.
Northern Life, Chicago, Ill.
Northwestern National Life, Minneapolis, Minn.
Pacific Mutual Life, Los Angeles, Cal.
Philadelphia Life, Philadelphia, Pa.
Protective Life, Birmingham, Ala.
Sam Houston Life Insurance Company, Dallas, Texas.
Southland Life Insurance Company, Dallas, Texas.
Southwestern Life, of Dallas, Texas.
Southern National Life, Louisville, Ky.
Southern Union Life Insurance Company, Waco, Texas.
State Mutual Life, of Rome, Ga.
Southern States Life, of Atlanta, Ga.
Volunteer Life, Chattanooga, Tenn.

Operating in Other States, But Not in Texas.

Boston Mutual Life, Boston, Mass.
Citizens Life, Louisville, Ky.
Commonwealth Life, Louisville, Ky.
Connecticut Mutual Life, Hartford, Conn.
Equitable Life, of New York.
Hancock Mutual Life, Boston, Mass.
Massachusetts Mutual Life, of Springfield, Mass.
Mutual Benefit Life, Newark, N. J.
Mutual Life of New York.
National Life, Montpelier, Vt.
New England Mutual Life, Boston, Mass.
Northwestern Mutual Life, Milwaukee, Wis.

Digitized by Google

Penn Mutual, Philadelphia, Pa.
Provident Life and Trust Company, Philadelphia, Pa.
Reliance Life, Pittsburg, Pa.
State Mutual Life, Worcester, Mass.
—*Jour. of the Med. Ass'n of Texas.*

More Prescription Fakes.

ANSWERS TO CORRESPONDENTS AS A MEANS OF EXPLOITING NOSTRUMS.

One of the "features" of the modern metropolitan daily is the "Woman's Page," in which is given, for the education or delectation of feminin readers, reading matter than ranges from the useful to the inane. Naturally enuf, we find the important subject of care of the health learnedly (?) discust by the "Madames" or "Mademoiselles" who have charge of these departments. To the "patent-medicin" advertiser who would deceive the reader by publishing his advertisement in "reading-matter" style, space on these "woman's pages" is a valuable asset. A form of deceptiv advertisement that of late has become very popular with nostrum exploiters has previously been referred to in these columns as "prescription fakes." The advertisements are usually set as reading matter and contain information regarding the treatment of some physical ailment by means of the drugs contained in an innocent looking formula; usually all the drugs but one are official, the exception being a "patent medicin" with a name not unlike the pharmacopeial preparations. A modification of the "prescription fake" type of advertisement forms the subject of this article.

"Health and Beauty Talks."

For several months past many newspapers have been carrying on the "woman's page" what, to the uninitiated, appears to be a department devoted to answering queries regarding health. The "department" is entitled "Health and Beauty Talks," or "Health and Beauty Helps," or "Aids" or "Secrets"—the last word of the title varying with the copy. Under the title is the legend, "By Mrs. Mae Martyn." The subject-matter consists of information (?) on questions of health given in the "answers to correspondents" form; the first and last "answer" usually make reference to none but simple home remedies or pharmacopeial preparations. For instance:

> Q.: A good foot wash is made of a pint of water, to which are added a tablespoonful of salt and a pinch of alum and a few drops of arnica.

Every other "answer," however, contains a "joker" in the form of a nostrum, which is referred to in such a way as to lead the unsuspecting reader to imagin that it is but an ordinary official drug. Thus, in the advertisement before us, there are nine replies. Here is a sample:

> Ethel J.: (1) It made me happy to read your letter. I am glad you think so well of my recipes that you cut them out and pass them along to your friends. None should have difficulty in getting from her druggist any ingredient I name, for I never advise the use of anything that is not sold in first-class drug stores everywhere. (2) The only objection I know to the use of liquid complexion beautifiers is their high cost when purchast in a ready manufactured state. You can make at home a fine "liquid powder" that softens and whitens the skin by putting 2 teaspoonfuls of glycerin and 4 ounces of spurmax in ½ pint of boiling water; let stand until cold. Apply with the palm of the hand and rub until dry. I prefer this spurmax wash to any face powder I can buy.

The "joker" in this "answer," of course, is spurmax. In the other "replies," all worded in the same deceptiv way, the reader is urged to get:

CRYSTOS: for "tired and inflamed eyes."
ALMOZOIN: for "blackheads . . . freckles and tan."
CANTHROX: "for shampooing purposes."
QUINOLA: "to remove dandruff, stop falling hair, relieve itching . . . and promote the growth of hair.
PARNOTIS: "a flesh reducer that . . . should reduce your weight 10 pounds in a few weeks."
KARDENE: "a splendid blood tonic and liver invigorator . . . for pimples, yellow blotches, sallow complexion, scrofula and all eruptions of the skin."
LUXOR: "a very dear friend of mine cured a most obstinate case of eczema with this remedy."

Every week or so "Mrs. Mae Martyn's" fake department will appear in the paper, the initials of the "correspondents" and the wording of the "answers" varying, but the usual changes being rung on spurmax, crystos, almozoin, canthrox, quinola, parnotis, kardene, and luxor.

Should the innocent reader go to the drug store and ask, say, for four ounces of spurmax, she is given the inevitable "original package," consisting of a tin box bearing a label with the name of the preparation, the method of using it, and the various conditions for which the nostrum is recommended. There is also the statement: "made by H. S. Peterson & Co., 95-97 Kinzie Street, Chicago." The company putting out these medicinal agents is not a firm of pharmaceutical chemists, but, we understand, manufactures flavoring extracts and does business largely by means of women agents thruout the country.

Four of these deceptivly advertised nostrums were analyzed in the Association's laboratory. The laboratory report follows:

Almozoin.

Almozoin, as found on the market, is a pale pinkish-white powder, having a faint odor like benzaldehyd. Qualitativ examination of almozoin demonstrated the presence of magnesium, sodium, tragacanth, a carbonate, and a borate. Free boric acid, ammonium salts and sulfates were absent. Magnesium and the borate radicle were determined and the tragacanth was approximately estimated. From the results of the examination it would appear that the composition of almozoin is essentially as follows:

Tragacanth (gum tragacanth)	40 per cent.
Sodium borate (borax)	40 per cent.
Magnesium carbonate	20 per cent.

[Retail price of almozoin, one-half dollar; estimated cost of ingredients, three cents.]

Crystos.

The specimen package of crystos which was purchast contained about one ounce and was a coarse, white, odorless powder. Qualitativ tests demonstrated the presence of chlorid, free boric acid, borate, sodium, and traces of sulfate. Alkaloids, ammonium salts, carbonates, heavy metals, and potassium were absent. Determinations of chlorid and of free and of combined boric acid were made, from which it would appear that the composition of crystos is about as follows:

Dried sodium borate (dried borax)	20 per cent.
Sodium chlorid (common salt)	20 per cent.
Boric acid	60 per cent.

[Retail price of crystos, one-half dollar; estimated cost of ingredients, one cent.]

Parnotis.

Parnotis is a pale, cream-colored, fine powder, having an odor resembling cologne, which dissolves in water and forms a turbid solution, which becomes clear by filtration. Qualitativ examination of the preparation demonstrated the presence of a bicarbonate, sulfate, sodium, and traces of chlorid and of iron. Quantitativ determinstions of the sulfate and of the bicarbonate were made, from the results of which it would appear that parnotis consists essentially of:

Impure anhydrous sodium sulfate	25 per cent.
Sodium bicarbonate	75 per cent.

[Retail price of parnotis, one-half dollar; estimated cost of ingredients, less than two cents.]

Spurmax.

Spurmax is a pink, crystalline powder, highly perfumed. Qualitativ tests demonstrated the presence of magnesium and of a sulfate. The absence of more than traces of chlorid, carbonate, organic compounds and heavy metals was shown by the usual tests. Quantitativ determinations were made for magnesium, for sulfate, and for water. Microscopic examination indicated that the coloring matter was very unevenly distributed thruout the preparation, some crystals being colorless, while others were very highly colored. Essentially, spurmax consists of:

Crystallized magnesium sulfate (Epsom salts)	100 per cent.
Perfume	trace
Coloring matter	trace

[Retail price of spurmax, one-half dollar; estimated cost of ingredients, one cent.]

New Form of an Old Trick.

Spurmax, then, when subjected to the critical light of analysis and shorn of the hypothetical virtues with which "Mrs. Mae Martyn" invests it, proves to be Epsom salts colored pink and rendered highly odoriferous; the "flesh reducer that . . . should reduce your weight 10 pounds in a few weeks," contains, apparently, nothing more marvelous than sulfate and bicarbonate of soda—and so it goes. The old, old trick of the charlatan, the quack, and the nostrum exploiter is again in evidence: Give some well-known drug a fancy name, disguise it physically if possible, advertise it as possessing marvelous virtues, and sell it at a price out of all proportion to its value.

The petty dishonesty shown in the method of exploiting these nostrums by means of a fake "woman's department" is disgusting. That otherwise reputable newspapers should sell their pages for such a barefaced deception and defraud their readers by giving editorial sanction—for that is what a fake "answers to correspondents" department

Digitized by Google

does—to a "patent-medicin" humbug, does not tend to increase one's confidence in the daily press. It is but fair to say, however, that some of the more particular papers insist on making plain to the reader that the thing is an advertisement, either by placing the abbreviation [Adv.] after the last "answer," or else by placing the matter on a page given over wholly to advertising. Such a course at least gives the reader some protection, as any advertisement inspires the attitude of *caveat emptor*.

Doubtless the financial returns from this style of advertising are a potent influence with those newspaper proprietors who are willing to carry this matter in the form of an original department. Advertisements as "straight reading matter" come high, but the profits derived from the sale of Epsom salts at $2 a pound are probably sufficient to bear it. Meanwhile, the "ultimate consumer," as usual, pays the bills.—*Jour. A. M. A.*

Virginia Examination Questions with Answers.

Used June 22, 23, 24, and 25, 1909.

(Continued from May.)

SURGERY.

1. What is meant by physiological and pathological hypertrophy, physiological and pathological atrophy?
2. What is meant by infection, and mention chief sources of infection?
3. Mention the chief complications of gonorrhea.
4. Define asepsis, antisepsic, disinfectant, steril deodorant.
5. Differentiate fracture near a joint from a dislocation.
6. What is Pott's fracture, and how should it be drest?
7. After a clean abdominal section, what would lead you to suspect infection?
8. Give diagnosis of empyema and treatment for same.

Answers to the Above Questions.

1. *Hypertrophy* is said to be *physiological* when it occurs as a phase of the normal life history of the body (such as enlargement of uterus during pregnancy, enlargement of female breast at puberty, and in connection with pregnancy and lactation). All other hypertrophies are *pathological*. *Atrophy* is said to be *physiological* when it occurs as a phase of the normal life history of the body (such as involution of the uterus after parturition; atrophy of the thymus in childhood). All other atrophies are *pathological*.

2. By *infection* is meant the invasion of the living tissues by bacteria, in such a manner as to produce local or general disease. *Chief sources of infection:* Dust, polluted food or water; wounds of all sorts; unclean implements, such as knives, spoons, cups, dental or surgical instruments; fomites; urin, feces, sputum; clothes, dressings; discharges.

3. The *chief complications of gonorrhea* may be: Cystitis, epididymitis, prostatis, vesiculitis, periurethritis, bubo, retention of urin, stricture, gonorrheal rheumatism, and arthritis.

In the *female:* Cystitis, labial abscess, vaginitis, endometritis, salpingitis, ovaritis, peritonitis, and sterility.

4. *Asepsis* is the absence of infection. *Antisepsis* is destruction or arrest of growth of infectiv germs. *Disinfectant* is an agent which restrains infectious diseases by destroying or removing their specific poisons. *Steril* means having no living microorganisms. *Deodorants* are substances which destroy the odorous products of putrefaction.

FRACTURE.	DISLOCATION.
1. Crepitus may be present.	1. Crepitus never present.
2. Preternatural mobility.	2. Rigidity rather than mobility.
3. Easily reduced—but	3. Difficult to reduce—but
4. Deformity more liable to recur after reduction.	4. Deformity less liable to recur after reduction.
5. The head of the bone is in its proper place.	5. The head of the bone is not in its proper place.
6. The socket containing the head of the bone is not empty.	6. The socket which should contain the head of the bone is empty.
7. When rotated the bone does not move as one piece.	7. When rotated the bone moves as one piece.

6. *Pott's fracture* is a fracture of the lower end of the fibula, with outward displacement of the ankle. *Dressing:* After reducing the displacement by extension and manipulation, the limb should be placed in a fracture-box provided with a soft pillow; the foot should be secured to the footboard, and a pad of oakum or cotton should be placed under the tendo Achillis; before bringing up the sides of the box and securing them, two firm compresses of lint or oakum should be placed in contact with the leg and foot, one just above the inner malleolus, the other just below the outer malleolus. The sides of the box are next brought up and secured, and by the pressure of these compresses the foot is brought into an inverted position and the deformity is corrected. The after-dressing of this fracture consists in letting down the sides of the box, and in inspecting the parts to see that the foot is kept in the proper position, and care should be taken that undue pressure is not made upon the skin by the compresses, which might result in ulceration; this may be avoided by sponging the skin with alcohol and changing the positions of the compresses slightly at each dressing. At the expiration of ten days the fracture-box and compresses may be removed and the limb put in a plaster-of-Paris dressing, including the foot and leg, up to the knee. The patient may then be allowed to go about on crutches, and at the end of five weeks all dressings may be dispensed with."—(Wharton's *Minor Surgery.*)

7. After clean abdominal section, infection may be suspected: If the body temperature is high, if there are chills, exhaustion, markt leucocytosis, night sweats, emaciation.

8. EMPYEMA. *Symptoms:* Fever, sweats, chill, diminished breath sounds and vocal fremitus, impaired mobility of chest, dullness on affected side, heart displaced to opposit side, leucocytosis. *Diagnosis* is made by respiration, showing the fluid to be pus. *Treatment:* Aspiration, drainage, irrigation, resection of ribs (Estlander's operation), or resection of chest wall (Schede's operation).

PATHOLOGY.

1. Name the varieties of degeneration. Name the form of degeneration that tubercle undergoes in chronic cases of tuberculosis.
2. What is infection? How do bacteria gain entrance into the body? What is suppuration?
3. Give the etiology and pathology of acute endocarditis. What are its results if patient survives the acute attack?
4. What is endarteritis (endoarteritis)? What is endarteritis obliterans, and what are its ultimate results to the tissues supplied?
5. What is granulation tissue, and under what conditions is it formed?
6. Name the blood changes in leukemia. What is the condition of the spleen and lymphatic glands in this disease?

Answers to the Above Questions.

1. The *varieties of degeneration* are: Fatty, amyloid, mucoid, hyaline, cheesy or caseous, colloid, hydropic, and cloudy swelling. Tubercle, in chronic cases of tuberculosis, undergoes cheesy or caseous degeneration.

2. See above, SURGERY, number 2. *Suppuration* is necrosis and liquefaction of living tissues; it is bacterial in origin, and usually begins as inflammation.

3. ACUTE ENDOCARDITIS. *Etiology: Microorganisms* (chiefly *Staphylococcus pyogenes aureus, Streptococcus pyogenes, Diplococcus pneumoniae,* gonococcus, and others); acute articular rheumatism, pneumonia, scarlet fever, puerperal sepsis, nephritis, etc., are said to be etiological factors. *Pathology:* The valves (mitral, aortic, and pulmonary), and endocardium of ventricles and left auricle are chiefly involved. The valves are affected on a line very near to the free edge; the chordæ tendineæ also suffer, and the endocardium of the left ventricle, near the septum. Opacity, roughness, nodular elevations, fibrous deposit, ulceration have all been observed. *Results:* Calcification, destruction of chordæ tendineæ or valve, myocarditis, pericarditis, embolism, infarcts or metastatic abscesses in spleen, brain, or kidneys.

4. *Endarteritis* is inflammation of the inner coat of an artery. *Endarteritis obliterans* is endarteritis in which the lumen of the affected vessel is almost obliterated. *Ultimate results to tissues:* The blood supply is cut off; in the brain, cerebral softening and paralysis result; neuralgia may occur; hemorrhage is prevented.

5. *Granulation tissue* is embryonic tissue consisting of loops of new formed capillaries covered by round cells, and sometimes also by giant cells. It is formed as a result of inflammation during the repair of wounds when apposition is not perfect.

6. In *leukemia,* the *blood* is light in color, specific gravity is lowered, coagulation is slow, the white corpuscles are much increased in number (there may be from 150,000 to 500,000 per c. mm., or even more); myelocytes are present in large numbers in the splenomedullary type; red cells may be moderately diminisht, and some may be nucleated. The *spleen* and *lymphatic glands* are enlarged.

HYGIENE.

1. Name the dangers attendant upon the use of spring and well water for drinking purposes. What precautions should be taken to proteet the water from these sources?

Digitized by Google

2. Describe the hygienic treatment of pulmonary tuberculosis.

3. Name the diseases of animals that are communicable to man. Name the chief impurities of the air in large cities.

Answers to the Above Questions.

1. *Dangers incident to drinking spring and well water:* Surface water, filth, sewage, and, indeed, anything may be conducted into these waters. Hence, the possibility of disease being caused by drinking this water. The wells and springs should be at a distance from dwelling houses, especially from outhouses, privies, etc; they should be well protected and covered, so that no extraneous matter can enter them. All shallow wells should be protected with good coping stones and good masonry for several feet below the surface.

2. Hygienic precautions to be taken in treating a case of tuberculosis: "The patient's quarters should be free from dust, and admit of spending many hours daily in the open air in all weathers, properly sheltered, and, if very ill, lying wrapt in a hammock or reclining chair. His bedroom should be well aired at night, draughts being avoided. The room should be uncarpeted and free from hangings. It should be often cleaned and periodically disinfected. All sputum should be collected in paper spit-cups, which should be burned daily. Smoking should be forbidden. Harm is done by any exercise which results in fatigue, and while fever exists it should not be attempted at all. Patients should be taught the necessity of practising lung gymnastics and breathing only thru the nose, which should be kept clear and free from occlusion by secretions, or an hypertrophied catarrhal mucosa. . . . The clothing should be woolen, but not too heavy, or sweating is increast; and a flannel nightgown and loosely knit leggings should be worn at night in cool weather. The skin should be cleansed by daily sponge-baths of lukewarm alcohol and water."—(Thompson's *Practical Medicin.*)

3. *Diseases of animals communicable to man:* Glanders, anthrax, tuberculosis, rabies, aphtha, tapeworm and other intestinal parasities, ringworm, echinococcus, diphtheria.

Chief impurities of air in large cities: Mineral matters, as silica, calcium, iron; coal dust; spores of moulds and bacteria; organic matter; ammonia; fibres of cotton, wool, or silk; dust and fibres from industrial processes; gases, products of combustion.

HISTOLOGY.

1. Give the histological structure of a nerve.

2. Give the histological structure of Peyer's patches and that of an artery.

Answers to the Above Questions.

1. A *nerve* consists of a bundle of fibres bound together by a sheath caller the *epineurium;* it contains blood-vessels, lymphatics, connectiv tissue cells; each nerve bundle is surrounded also by a sheath called the *perineurium. Medullated fibres* consist of a neurilemma, medullary sheath, and axis cylinder. *Nonmedullated fibres* have an axis cylinder, but no sheath. *Nerve cells* have cell-body, nucleus, and one or more processes (axis cylinders and dendrites).

2. *Peyer's patches* are clumps of solitary glands covered with mucous membrane and surrounded by crypts of Lieberkühn. Each of these solitary glands is a lymph nodule consisting of retiform tissue, lymph corpuscles, and capillaries. They are situated in the mucous and submucous tissue of the small intestin, chiefly the ileum.

Arteries consist of three *coats:* (1) *Tunica intima,* consisting of fenestrated membrane of Henle, and a fine line of white fibrous tissue; (2) *Tunica media,* consisting of elastic fibres and involuntary muscles; (3) *Tunica adventitia,* consisting of white fibrous tissue and a few elastic fibres. The middle coat is the thickest.

LARYNGOLOGY.

1. What symptoms would cause you to suspect adenoids in children?

2. Define aphonia, and give its common causes.

3. What is the essential cause of diphtheria? What of pseudomembranous or true croup? Give the most important points in differential diagnosis between follicular tonsilitis and diphtheria.

Answers to the Above Questions.

1. *The symptoms of adenoids in children* are: Mouth-breathing; snoring; open-mouth; a vacant, dull expression of the face; modification of the voice. *Effects:* Otitis, coryza, mental deficiency, stunted growth, and various neuroses.

2. *Aphonia* is loss of voice, caused by: Laryngitis, edema or tumor of larynx, improper use of the voice, retropharyngeal abscess, paralysis, fixation of the vocal cords, by cicatricial contractions, ulceration of the vocal cords, foreign bodies in the larynx, and hysteria.

3. The essential cause of diphtheria is the Klebs-Loeffler bacillus. The essential cause of true croup is either the Klebs-Loeffler bacillus, or the *Streptococcus pyogenes.* In *diphtheria* the onset is more gradual; the temperature rises to about 101° to 103° F.; the tonsils are not much enlarged; there is an exudate of a thick grayish membrane, which is very adherent, is removed only with difficulty, and leaves a bleeding surface; this membrane soon re-forms, and may be found on the fauces and pharynx as well as on the tonsil; in the exudate the Klebs-Loeffler bacilli may be found. In *follicular tonsillitis* the onset is more sudden; the temperature may be a little higher than that of diphtheria; there is no membrane, but the tonsils are red and swollen, and in the crypts are seen white cheesy spots or plugs, which consist of broken-down epithelium, and are easily brushed away; Klebs-Loeffler bacilli are never found.

RHINOLOGY.

1. State four local and four general causes of epistaxis.

2. What structures are involved in hypertrophic catarrh? Give symptoms and treatment. Give symptoms and treatment of chronic atrophic catarrh. What is it usually called, and why so called?

Answers to the Above Questions.

1. *Local: Trauma,* caries of nasal bones, ulceration, new growths. *General:* Purpura, hemorrhagica, hemophilia, scurvy, pernicious anemia.

2. Mucosa of nasal cavity, especially of inferior turbinated bones. *Symptoms:* Increast secretion, obstruction, sneezing, loss of resonance of voice, impaired olfaction, bad breath. *Treatment:* Cleansing alkaline spray, astringent spray, cauterization, incision, or turbinectomy.

CHRONIC ATROPHIC CATARRH. *Symptoms:* Blocking of the nose with thick, offensiv crusts; nasal fossæ dilated; anosmia. *Treatment:* A warm, alkaline, cleansing douche; the crusts must be removed; tampons with ichthyol, followed by an oil spray, have been recommended. It is usually called ozena, on account of the offensiv fetid smell.

OPHTHALMOLOGY.

1. Define ptosis; strabismus; diplopia; myopia; hypermetropia; presbyopia; chalazion.

2. State etiology, symptoms, and treatment of acute conjunctivitis; also its common name when it becomes contagious.

3. Give etiology, symptoms, and treatment, both preventiv and remedial, of ophthalmia neonatorum.

Answers to the Above Questions.

1. *Ptosis* is a drooping of the upper eyelid. *Strabismus* is a perceptible deviation of one of the eyes from the proper direction. *Diplopia* is the condition in which an object appears double. *Myopia* is a condition in which the parallel rays are focused in front of the retina. *Hypermetropia* is a condition in which the parallel rays are focused behind the retina. *Presbyopia* is a physiological change in which there is progressiv loss of the accommodativ power of the eye as age advances. *Chalasion* is a tumor in the eyelid, due to obstruction of the duct in a Meibomian gland.

2. *Etiology:* Irritation, a foreign body, cold, exposure to strong light or heat, eyestrain. *Symptoms:* Hyperemia, lachrymation, epiphora, discharge, photophobia, sensation of sand in the eye. *Treatment:* Remove cause; use astringent and antiseptic washes; anoint the lids with vaseline. When it becomes contagious, its common name is "pink eye."

3. OPHTHALMIA NEONATORUM. *Causes:* The gonococcus or some other pyogenic microorganism; the secretions of the mother contain the infecting agent, and transmission may occur directly during parturition, or indirectly by the fingers of physician or nurse, cloths, instruments, etc. *Symptoms:* Swollen eyelids, with copious purulent discharge; ulceration of the cornea may ensue. *Prophylaxis:* Whenever there is the possibility of infection, or in every case, wash the eyelids of the newborn child with clean warm water, and drop on the cornea of each eye one drop of a 1 per cent. solution of nitrate of silver, immediately after birth. *Treatment:* Wash the eyes carefully every half hour with a saturated solution of boric acid; pus must not be allowed to accumulate. Two drops of a 2 per cent. solution of nitrate of silver must also be dropt on to the cornea every night and morning. The eyes must be covered with a light, cold, wet compress. The patient must be isolated, and all cloths and compresses used must be burnt.

OTOLOGY.

1. Give three methods of removing foreign bodies or impacted wax from the ear.

2. Give etiology, symptoms, and treatment of acute mastoiditis; name three of its most common and serious results.

Answers to the Above Questions.

1. (1) Insects, by warm water or chloroform oil; (2)

Digitized by Google

by syringing; (3) wax may be removed by disintegrating it with hydrogen dioxid, followed by warm water irrigation.

2. *Etiology:* Infection from nasopharynx or ear exanthemata, grippe. *Symptoms:* Tenderness, pain, swelling and redness over the mastoid; bulging of the superior and posterior parts of the auditory canal; temperature variable, from normal up to about 104° F. *Treatment:* Hot water, or cold water, or ice; leeches, purgatives; light diet; incision or mastoid operation. *Three common and serious results:* Meningitis, sinus phlebitis, abscess of the brain.—(From the *Medical Record.*)

[*As we go to press, I notice the following remarkable statement, featured on the front page of the Philadelphia "North American" (an independent republican daily of very large and wide circulation), for Monday, May 23d. I take this occasion to send this remarkable message to doctors all over this great country.*]

YOUR WAR.

THIS NATION is facing a war.

Not a military war for power or possessions.

But an economic war to decide whether the people or special privilege shall control the country's natural resources, on which depends the very bread of future generations.

Never has it been so necessary for every man and woman to read newspapers that clearly present and discuss the vital issues of the hour.

The *North American* is trying to cover this field better than any big paper east of Chicago.

Of course, we'd like to have for a regular *North American* reader every one not already such.

But the really important thing is that every one should read some progressiv newspaper keeping abreast of swiftly changing conditions.

There may be a local daily in your town that's doing good work and you may prefer it.

But if you're moving about so you can't always count on getting the right sort of a daily regularly, or if you're out of range of a local paper of this character, by all means subscribe for one or all of the weeklies or magazines named below:

COLLIER'S,	EVERYBODY'S,
OUTLOOK,	MCCLURE'S,
SUCCESS,	AMERICAN,
HAMPTON'S,	PEARSON'S,

COSMOPOLITAN.

They're doing the biggest kind of militant and instructiv work to protect YOUR interests from the conspirators now trying to steal the very necessities of life which belong to YOU!

[*It was formerly thought that the tendency was to leave behind the periodicals of infrequent issue, and in the rush of the present the daily paper would crowd out nearly all other publications. But our leading monthly magazines have taken such earnest hold of the vital issues of the time, that their popularity has soared far above anything formerly dreamed of in the way of magazine circulation; so that the present can be said to be the magazine age rather than the daily paper age. I wish to add to the above excellent list of magazines working for the interests of the people, the "World's Work," certainly one of our best constructiv, patriotic monthlies.*—ED.]

BOOK REVIEWS.

PRINCIPLES OF HYGIENE: For Students, Physicians, and Health Officers. By D. H. Bergey, M.D., Assistant Professor of Bacteriology, University of Pennsylvania. Third revised edition. Octavo of 555 pages, illustrated. Philadelphia and London: W. B. Saunders Company. Cloth, $3 net.

The later knowledge on methods of sewage disposal, as brought out by work in England and America, is incorporated. The most important addition in the domain of etiology is the acceptance of the Spirochaeta pallida as the cause of syphilis, and the demonstration of the direct relation of the rat flea to the dissemination of plague. The use of injections of dead culture of bacteria in the prevention and cure of disease, and in the control of these injections by scientific means, is the most important addition to our knowledge as relates to immunity. The introduction of serum in treatment of cerebrospinal meningitis "promises useful results, tho the serum may be said to be still in an experimental stage." The sections on immunity are practicallv rewritten. The book has been made, as near as possible, a perfect exponent of our latest knowledge on hygiene. In its present form it is a model work for students, nurses, physicians, and health officers, as it makes no pretense to being exhaustiv, merely stating plainly and tersely the principles of the science.—A. L. R.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M.D., Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Third revised edition. Octavo of 764 pages. Philadelphia and London: W. B. Saunders Company. Cloth, $4; half morocco, $5.50 net.

The articles on milk and alcohol have been rewritten, and additions have been made to the sections on tuberculosis, the salt free diet, rectal feeding, the caloric needs of infants, and others. A number of tables giving the caloric value of foods are inserted, and Winton's table of diabetic foods is given. Terse directions on detection of food adulterations and preservativs are included. The old text of the book is well adapted to the needs of nurse, medical student, and physician, and these additions augment its practical usefulness. The principles of diet in both health and disease are clearly set forth, and the major attention is given to the sick. It is impossible for the physician to search out the material for himself which this book gives clearly. The text is clear and easily assimilable on hurried reference by the busy physician, while enuf detail is given to enable medical student or hospital interne to grasp any subject. Every doctor needs such a book, for the matter of feeding the sick is quite as important as the medication. We are not familiar with anything better in literature.—A. L. R.

A TEXT-BOOK OF OBSTETRICS: Including Related Gynecologic Operations. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Sixth revised edition. Octavo of 992 pages, with 847 illustrations, 43 of them in colors. Philadelphia and London: W. B. Saunders Company. Cloth, $5 net; half morocco, $6.50 net.

The rigid revision is notable in this edition, the section on operations now including the complications and consequences of all periods of the child-bearing process. Very few text-books on obstetrics include such a wide extent of practise; yet this is just what one buys such a book for. An effort is made to give brief accounts of diagnosis and treatment of all female affections connected with the generativ organs. The author views all diseases of women as either consequences of child-bearing or as possible complications of that process; we know of no other work so comprehensiv in its plan, nor of one which so well fills the field. He asserts that, to "retain his practise, maintain his reputation, and escape legal responsibility, the general physician also must be prepared at least to make proper diagnosis and to give proper advice on all the complications and consequences of child-bearing, and on the rela-

Digitized by Google

tions between the diseases of women and that process." Some old illustrations have been discarded and new ones introduced. Anything he is convinced has been demonstrated to be a real advance has been incorporated. There is no better teacher than Hirst, and he has the rare faculty of putting quite as much "life" into a book as into his lectures. There is no better work on obstetrics for the general practician.—A. L. R.

THE ELEMENTS OF THE SCIENCE OF NUTRITION. By Graham Lusk, Ph.D., M.A., F.R.S. (Edin.), Professor of Physiology at Cornell Medical School, New York. Second edition, revised. Octavo of 402 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $3 net.

The book contains 374 pages, with indices of authors and subjects. We cannot give a better conception of its worth than by detailing the section headings: Introductory; Starvation; Regulation of Temperature; Influence of Protein Food; Specific Dynamic Action of the Foodstuffs; Influence of Mechanical Work on Metabolism; Normal Diet; Food Requirement During the Period of Growth; Metabolism in Anemia, at High Altitudes, in Myxedema, and in Exophthalmic Goiter; Metabolism in Diabetes and Phosforus Poisoning; Metabolism in Fever; Purin Metabolism—Gout; and Theory of Metabolism. Any intelligently progressiv physician will admit he is not sufficiently familiar with some of the above subjects, and nowhere better than in this book can he obtain the information which may mean the difference between success and failure in some important case. We regard it as a practical book for any physician who purposes studying deeply any case or any disease.—A. L. R.

ANATOMY AND PHYSIOLOGY FOR NURSES. By LeRoy Lewis, M.D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Mich. Second revised edition. 12mo of 344 pages, with 161 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $1.75 net.

The text is based upon the lectures of the author to his classes of nurses, and follows the plan employed by him in teaching. Establisht facts, only, are given, and these in a simple and comprehensiv manner that cannot fail to make the branch easy of comprehension by the student nurse. In this edition, a chapter on the Male Organs of Generation has been added "in response to a general demand." Even the nurse who has not taken a regular course of instruction will be able to learn enuf anatomy and physiology from this little book for all practical purposes, while for regular student nurses it will be found an admirable text-book or method of review.—A. L. R.

CLINICAL EXAMINATION OF THE URIN AND URINARY DIAGNOSIS. By J. Bergen Ogden, M.D., Medical Chemist to the Metropolitan Life Insurance Company, New York. Third edition, revised. Octavo of 427 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, $3 net.

The book concisely tells of the chemistry of urin and its relation to physiologic processes; the most approved working methods of determining the contents, qualitativ and quantitativ; and the diagnosis of diseases of the urinary passages and kidneys. The first part gives the chemic and microscopic methods in detail, with illustrations, thus permitting the practician who is deficient in laboratory training to pick up the technic well enuf to obtain accurate results. The second part is directed chiefly to diagnosis, considering the character of the urin, the differential diagnosis of kidney and urinary disease, and a brief enumeration of the symptoms incident to each, and finally the peculiarities of the urin in general disease of the body. The alterations made in this issue unquestionably improve the book, since unimportant matter has been eliminated, and condensation has been made in that part treating of examination of the urin. The work continues to be a safe, terse, practical guide to those seeking to perfect themselves in this branch of diagnostic ability.—A. L. R.

MODERN SURGERY: General and Operativ. By J. Chalmers Da Costa, M.D., Professor of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Sixth edition, greatly enlarged. Octavo of 1,502 pages, with 966 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $5.50 net; half morocco, $7 net.

Nearly every section has been altered or augmented in text in this edition. Particular attention is given arteriorrhaphy and arterio-venous anastomosis, as these constitute real advances in surgery. Brewer's tubes for transfusion; Halstead's aluminum bands in treatment of aneurism; Horsley's operation for chronic spinal meningitis; Murphy's method of treating acute peritonitis; Cushing's operation for decompression for brain tumors; Bier's intravenous local anesthesia; Lorenz's method of treating hip disease by weight bearing and fixation; Wright's views on inflammation; Rosenberger's diagnosis of tuberculosis by finding the bacilli in the blood; Wassermann's reaction for syphilis; all these are new and interesting. The intraglandular extirpation of goiter; immunity and a sketch of antibodies, of opsonins, and of phagocytosis; the use of positiv and negativ air pressure in intrathoracic surgery; untoward effects of sera; serum diagnosis of cancer; electrical injuries; and many other sections show a painstaking care to use only material of real value. Seldom does any surgery appear with so much text that is actually new, and which gives so great promise of being a permanent addition to the armamentarium of all surgeons. In its present form it is a safe and dependable guide for student or practician, either to the study of the principles of surgery or to its practise.—A. L. R.

HANDBOOK OF THERAPY. Cloth. Price, $1.50. 421 pages. Chicago: American Medical Association, 1910.

The Therapeutic Department in *The Journal of the American Medical Association* has been commented on so often and so favorably that the Association decided to reprint, in book form, the articles which seemed to be of most practical value to the general practician. Conditions governing therapeutic requirements are stated as clearly and concisely as possible.—A. L. R.

HUMAN PHYSIOLOGY. An elementary text-book of Anatomy, Physiology, and Hygiene. By John W. Ritchie, Professor of Biology, College of William and Mary. Publisht by World Book Company, Yonkers-on-Hudson, New York. Price, 96 cents.

Contains 354 pages, with a glossary and an index. No layman, and especially no child in school, is competent to frame the ordinary laws of health and apply them; nor can ordinary rules of health be made plain to the student unless he knows something of anatomy and physiology. A wise middle course is the only reasonable one, yet those who write physiologies for school children never seem to have found it until this

Digitized by Google

author presented his little book. Enuf anatomy is given to make clear the broader outlines of bodily structure; enuf physiology to make plain the laws which permit life, and a full discussion of how one may escape violation of such laws. This makes a well-balanced and sensible text which any physician can indorse to school boards and teachers. Communicable diseases have rather extended mention, as their importance deserves, and instruction is given how they may be avoided. It is a good little book; the first of this kind of which we could say as much.—A. L. R.

EMERGENCY SURGERY FOR THE GENERAL PRACTICIAN. By John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicin; formerly Professor of Anatomy and Clinical Surgery in same school; Surgeon to the Indianapolis City Hospital; Surgeon to the City Dispensary; etc. Second edition, revised and enlarged. 605 illustrations. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $3.50.

Contains 731 pages and an index. It is a terse and dependable guide to the general practician who does little surgery. This edition contains a new chapter on laparotomy. Every section shows careful revision, and considerable new material has been incorporated. Spinal anesthesia is described in detail, and greater space has been given to subphrenic abscess and pericardiotomy. A few new illustrations have been inserted. We know of no better book for quick reference when an operation must be done quickly by a hand lacking experience. Enuf simple directions are given to enable any physician to do any operation which would fall under the head of emergency surgery, while much of the work which the general practician habitually is accustomed to do thru necessity has considerable space. It is the little things which large text-books skim over in a general way which the general practician wants to see specifically described, and this book does it. It is one of the most valuable little works we know. —A. L. R.

THERAPEUTICS OF RADIANT LIGHT AND HEAT AND CONVECTIV HEAT. By Wm. Benham Snow, M.D., Editor of the *Journal of Advanced Therapeutics*, and late Instructor in Electro-Therapeutics in the New York Post-Graduate Medical School. Scientific Authors' Publishing Company, 349 W. 57th Street, New York. Price, $2 net.

This manual of 110 pages, illustrated, and containing eight full-page plates illustrating the methods of treatment, has been prepared to meet the demand for a condenst and practical manual on radiant light and heat therapy. Chapters have been added showing the contrast between radiant light and heat and convectiv heat. A chapter is also included showing the comparativ actions of radiant light and heat and the Roentgen ray. The field for employment of these agents is wider than the rank and file of the profession dream. Distinction is made between radiant and convectiv heat. The book is plain and practical.—A. L. R.

THE PREVENTION AND TREATMENT OF ABORTION. By Frederick J. Taussig, A.B., M.D., Lecturer in Gynecology, Medical Department, Washington University; Obstetrician to the St. Louis Maternity Hospital; Gynecologist to the St. Louis Skin and Cancer Hospital, etc. 59 illustrations. Publisht by C. V. Mosby Publishing Company, St. Louis, Mo. Price, $2.

Contains 172 pages and an index. The book is intended for the general practician, and gives clear and explicit directions for prevention of abortions and the operativ indications and operativ technic necessary in handling this class of cases. There has been need of a book on such matters which would go into deeper detail than is customary with the ordinary text-books on obstetrics. This little work is superb in its grasp of the fact that general practicians do not always know just what to do in the face of a threatened or an incomplete abortion, and magnificent in the way it goes about telling just what the practician needs to know, and telling it in just the way that he can understand it and go about doing it. It is not vague on therapeutic points, but clearly directs what drugs shall be used in a given condition and for a certain purpose. We know of no book which will prove so great a boon to the young practician, and we are positiv that very few older men but would derive much actual and practical instruction from its perusal.—A. L. R.

COSMETIC SURGERY. The correction of featural imperfections. By Charles C. Miller, M.D. Second edition, enlarged. Including the description of numerous operations for improving the appearance of the face. 160 pages. 96 illustrations. Prepaid, $1.50. Publisht by the author, 70 State Street, Chicago.

This little book gives terse and simple directions, illustrated with original cuts, for performing the various little operations customary in remedying featural imperfections. Infiltration anesthesia, with the minimum of cocain, is employed. This work is well within the limits of the general practician, and this book will instruct him how to do it successfully. The instruction is ample to permit any one to follow the author's methods.—A. L. R.

RADIATION, LIGHT, AND ILLUMINATION. A series of engineering lectures delivered at Union College. By Charles Proteus Steinmetz, A.M., Ph.D. (General Electric Company). Compiled and edited by Joseph Leroy Hayden. Publisht by McGraw-Hill Book Company, 239 W. 39th Street, New York, N. Y., at $3.

In addition to being a good book on illuminating engineering, and a convenient book on the physics of light and radiation, it is such an exposition of the principles governing light and radiation as is necessary to a completely rounded education for every professional man. It has been a study of the editor to keep the technical terms well within the comprehension of the layman, even to the matter of mathematical formula (except Lectures 10 and 11, which are essentially mathematical, and are for the use of the illuminating engineer). The recent work of the National Bureau of Standards is utilized. It is a book which will appeal to those who are interested in scientific subjects outside the limits of their own profession, and to such physicians as may wish to be thoro masters of their own calling in its remote bearings. The text is plain enuf for any one interested in the matters treated upon.—A. L. R.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1910. Twenty-eighth year. A Year Book of Treatment and Practician's Index. Publisht by E. B. Treat & Co., 241 W. 23d Street, New York, N. Y. Price, $3.50.

Contains 727 pages of text, and an index. Thirty-two contributors of note in their respectiv fields make it certain that no material advance in medicin will escape notice. Seemingly marvelous results are modified in their effect by the dispassionate editorial comment, and the too enthusiastic and credulous reader is prevented from being too easily convinced of the permanence of any new plan of treatment. Potent matters have been suggested in the past year looking to radical changes in our therapeutics, and an earnest effort is made to place the existing knowledge concerning them before the reader. Will bacterial vaccines stay the invasion of bacilli? How far will "hormones" help us to cure disease

Digitized by Google

where drugs fail? Does sea water furnish us a plasma supplying protoplasmic cells with an element, the lack of which permits the continuance of chronic disease? But a short time since such questions would have provokt a smile; publisht results on these lines make us open our eyes and want to know more, but we do not smile. Formerly we spoke of the "action" of drugs; now we speak of their "effect," and of the "action" of organism. The subjects of typhoid fever, syphilis, and cancer have taken up much space, seemingly being worthy of it from a surgical standpoint. Notable advances in surgical technic and exactitude of diagnosis are recorded, and will prove of benefit when one is confronted by puzzling conditions. The editor invites correspondence from any subscriber on any point concerning which he wishes more information. This is an eminently helpful book to any practician wishing to keep abreast of all advances in the sciences of medicin and surgery. It is a practical condensation of the year's literature, and that condensation sifted and commented upon by capable and experienced and impartial minds. We always keep it close at hand for quick reference when deciding upon how much confidence we shall place in any new treatment.—A. L. R.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION. By John William Fyfe, M.D., an entirely new work based on the writings of the late John M. Scudder, with extensiv extracts from other eclectic authors. 8 vo. 782 pages. Cloth, $5. Law sheep, $6. The Scudder Brothers Company, Publishers, Cincinnati, Ohio.

This book is modeled after the two works of the late Professor Scudder on Specific Diagnosis and Specific Medication, but the subject matter is brought up to date, and obsolete matter eliminated. It retains the good features of Scudder's works and incorporates all that is of positiv value in eclectic teachings of many writers of this school. The author inserts his own wealth of personal observations and favorit methods of treatment. 298 pages are devoted to specific diagnosis, and the balance of the work to specific medication. Indications, dose, and usual prescription are given under the heading of each drug, thus permitting of quick reference and easy memorization. The work thus meets the needs of student, "rusty mind," or busy practician. Liberal quotations are made verbatim from Scudder, Mundy, Ellingwood, Bloyer, French, Duvall, Watkins, Coghill, Howes, and other notable physicians. It stands as one of the best exponents of modern eclecticism, and much of value is obtainable from it for use by physicians, anywhere, of any school.—A. L. R.

A TEXT-BOOK OF MEDICAL TREATMENT (alphabetically arranged). By William Caldwell, M.A., M.D., Physician, Royal Victoria Hospital, Belfast; University Clinical Lecturer on Medicin, Queen's University, Belfast; Consulting Physician, Ulster Hospital for Women and Children, The County Antrim Infirmary, The Throne Consumptiv Hospital, and The Old Charitable Institute, Belfast; Lord Chancellor's Medical Visitor in Lunacy, Belfast District; etc. Sold by Longmans, Green & Co., 91 and 93 Fifth Avenue, New York, N. Y., 1910. Price, $4.50.

Contains 608 pages of text, and an index. Contains the fruits of twenty years' experience in teaching therapeutic knowledge. The notes of that period are amplified, systematized, corrected, and modernized for the benefit of students and practicians of medicin. The arrangement is novel and convenient, and the directions are clear and explicit. Many prescriptions are given in detail, so that the student may modify them to suit any special indication. There are few books which admit of such ready reference to the subject sought, and fewer still those which reward the seeker with such a rich therapeutic fund of information. Careful examination proves the text modern, and the therapeutics aligned with the recognized practise of the times.—A. L. R.

SOURED MILK AND PURE CULTURES OF LACTIC ACID BACILLI IN THE TREATMENT OF DISEASE. By George Herschell, M.D. (Lond.), late Senior Physician to the National Hospital for Diseases of the Heart; Physician to the West End Hospital for Diseases of the Nervous System; and Physician to the Farrington General Dispensary. Second impression, ninth thousand. Publisht by Henry J. Glaisher, 57 Wigmore Street, West London, England. Price 1/6 net.

Contains 32 pages of text, divided into three sections, as follows: Chapter 1, on Autointoxication and Intestinal Putrefaction. Chapter 2, on The Selection and Preparation of Lactic Acid Ferments for Use in Practise. Chapter 3, on the Administration of Lactic Acid and Ferments in Disease. It warns against the use of certain manufactured ferments, and insists upon use of the Bulgarian ferment. It is terse, plain, and to the point. Any physician will gain information of value from it.—A. L. R.

HYGIENE OF PREGNANCY. By Dr. E. S. Harris, of Higginsville, Mo. Pamphlet of 24 pages. Price, 10 cents; or $2.50 for 25 copies with the purchaser's name printed on front cover.

This pamphlet is excellent to hand to pregnant ladies. It gives much needed instruction in simple and clear language, and will be a great help to both patient and physician. This is one of the convenient aids that is worth much more than its price. It is not a treatise on obstetrics. It is simply what it claims to be, and intended for the laity; but it will greatly aid the doctor as well as the patient.

AMERICAN JOURNAL OF PHYSIOLOGIC THERAPEUTICS. Edited and publisht by Dr. H. R. Harrower, 72 Madison Street, Chicago; with an excellent staff of Associate Editors, composed of such men as T. D. Crothers, Hartford, Conn., Albert Abrams, San Francisco, etc. Monthly, $1 per year.

The first issue (May) of this heralded journal has come to hand, and it has a very promising appearance. In an editorial on page 3, the following divisions of physiologic therapy are given:

1. Hydrotherapy.
2. Thermotherapy.
3. Phototherapy.
4. Electrotherapy.
5. Radiotherapy.
6. Massotherapy.
7. Vibrotherapy.
8. Mechanotherapy.
9. Pneumotherapy.
10. Psychotherapy.
11. Serotherapy.
12. Dietotherapy.
13. Climatotherapy.
14. Hygiene or Preventiv Medicin.

So you see, this branch of therapeutics has a very wide field. Our duty is to cure disease; and to do it with as little disturbance to the patient and as agreeably to the patient as possible. In May WORLD, page 194, I said: "Curing disease without drugs is a *higher art* than curing disease with drugs." And this is not "therapeutic nihilism," for drugs have no monopoly of therapeutics. You should be interested in and practise drugless therapeutics as well as drug therapeutics. It is just as extreme to neglect physiologic therapeutics and depend entirely upon drugs, as it would be to discard drugs entirely and depend entirely upon the above-named methods. A well-balanced doctor will not practise either extreme. I hope this comment will inspire many to try Dr. Harrower's journal.—C. F. T.

Digitized by Google

"Talk" may be separated from THE WORLD by cutting this leaf on this line. Thus "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

OUR MONTHLY TALK.

Our law makers are still at work in Washington, and some interesting things are developing. The word "republican" does not mean anything very definit nowadays. The reactionaries were decidedly "in the saddle" at the beginning of the session, and they reckoned President Taft with them—and in this they seem to have been correct in the main. Now the insurgents, with the aid of most of the democrats, frequently control both the Houses. Occurrences like this recently caused the "regulars" to complain of President Taft's peripatetic habits—that he was never at home when most needed to restrain the breaks in the ranks. That is not the reason why a president should be at home, but he should be at Washington giving attention to the business of the Nation except when called away on matters of great and unusual importance.

The divisions in the republican party in Washington make it difficult now to define republicanism, and to say who is a real republican and who is not. For example, there is the widest possible difference between Senators Aldrich and La Follette, yet both are republicans—and there are many republicans getting more and more like La Follette. It is strange, in a republic, to see men like Aldrich, the servants of organized wealth and corporations, kept in high offices and positions of influence. But that will be true, perhaps, till we get *National* use of the Initiativ and Referendum.

The divisions in the democratic party in Washington are not so noticeable—perhaps because the democrats are not in power, and hence have not the responsibility of legislation. But while the party as there represented seems to be heartily and entirely progressiv, there are some in both Houses of Congress who represent wealth and privilege rather than the people, and these servants of corporations would be very conspicuous if the responsibility of legislation rested on the democratic party.

I like to call attention to these divisions in parties, not only to show the absurdity and weakness of party government, but particularly to show that the division should not be along the line of the prejudices and traditions of old parties, but along the line of interest. Organized wealth, corporations and the privileged classes in general should be on one side, and those interested in the welfare of the masses of the people on the other. But organized wealth is too smart to permit any such division; for if the people could get a fair "whack" at privilege, it would not last long. Therefore the clever privileged classes contrive to keep the masses divided. When the masses "see the cat," they will unite; and then will come the death knell of privilege.

Privilege always perches in the dominant party; but at the same time it looks closely after the opposition party. The insurgent movement is a movement in the republican party against privilege. If privilege should be ousted from the republican party, it would endeavor by its powerful instruments, money and the press, to put the democratic party in control of the government, but it would first see that the conservativ element of the democratic party was put at the front—there are plenty of democratic "old ducks" waiting for just such a turn to come. But the above-mentioned tactics are getting progressivly harder, as the people of both the leading parties become conscious of their rights and of their power. Insurgency in the republican party, and what used to be called populism in the democratic party, indicate that the people are thinking for themselves more and more; and if these two elements would unite, organized wealth with its selfish interests could be successfully controlled.

These are views "from the housetop," as it were. Those down in the fight cannot so clearly see general movements and tendencies. If the general were in the thick of the fight, he could not so intelligently direct his forces; but from an eminence behind his troops he can see how to direct in order to win. Let us all take a view from the housetops; and then resolve to join the forces that are fighting privilege and organized wealth; and these forces are the insurgent republicans and the so-called populistic democrats. And then, when you see, from the housetops, these two wings seemingly of the same army, fighting the same enemy, you will suppose that they belong together. When you learn that they do *belong* together, but are kept apart by prejudices and old musty traditions, and are hence much hampered in their fight against the common enemy, you will say, as any man of sense after seeing the situation would say, "Put aside those old notions, and get together for a common purpose, and to serve common interests."

Arkansas.

There is not much of interest since last month to report concerning the people's movement in Arkansas, but *there will be.* There is one thing sure: While we have for years been trying to get the legislatures of various states to submit to the voters of their respectiv states a Direct Legislation (Initiativ and Referendum) constitutional amendment—while we have for years been trying to get such a measure thru the legislatures of various states, notably Massachusetts, Nebraska, Colorado, Kansas, etc., the legislature of Arkansas took it up without any outside aid, and passed the measure submitting the amendment almost unanimously—there were only four negativ votes in the house, and but one in the senate. It was done so quietly and so well that it "took the breath" of those of us who had been working for this cause for many years. Now it only remains for the people of Arkansas to ratify the amendment—which they should do unanimously.

CHARLOTTE, ARK., May 8, 1910.

DEAR DR. TAYLOR:—I received my WORLD yesterday and have digested everything in it; and I must say that I am proud of the stand you have taken for Initiativ and Referendum, and will do all in my power to make the vote a Howling Success. I do not want you to extend my subscription to THE WORLD as I now get my dollar's worth; but would like April *Equity*. I am in favor of a government by and for the people. Wishing you success, and hoping the time will come when THE MEDICAL WORLD will be read by every doctor under the Stars and Stripes, I remain, fraternally yours,

J. M. ANDERSON.

This matter will be pusht next winter before the legislatures of many states, notably Nebraska, Washington, Colorado, Kansas, Massachusetts, and probably California, Wisconsin, Minnesota, and perhaps Iowa and Michigan, and several southern states. So look out for it and help it all you can. See that the man you favor for the legislature, whether democrat or republican, will vote for the submission of an Initiativ and Referendum constitutional amendment. This will be a live issue—should be the dominant issue—until it is secured in a majority of the states, and then we

Digitized by Google

may think of securing it for use in National affairs. Then, if Congress does not revise the tariff to suit the people—if the trusts are given too many tariff privileges—the people may directly have a say. Then trust attorneys in Congress can do the trusts no good. Speed this glorious time.

Class Meeting.

I have not had a chance to go thru that pile of letters yet. And still a few letters come, and as they are not in such forbidding numbers, I yield to the temptation to peep into them, tho I know that this is not just to the old letters that have been waiting. The vast majority of the WORLD readers are pleased with the "heart-to-heart" talks that the doctors have had in this department during the past year, tho they do not all agree with me nor with one another. This is natural, and to be expected. My object was not to proselyte, but to stimulate thought and investigation, and to promote toleration. I think I have done all that, tho at some cost to myself, for some of my valued patrons could not stand the test. For example, here is a recent one:

HENRY'S CROSS ROADS, TENN., May 13, 1910.

DR. C. F. TAYLOR; DEAR SIR:—I have been a subscriber to THE WORLD for about fourteen years, and would still continue but for your religious and political *rot*, which is enuf to disgust any decent, "broad-minded" man. If you can be saved by trusting in your Referendum and populistic religion, I have no objection. But why should sensible men forsake the divinity of Jesus Christ and turn to the learned scientific teachings of Dr. Taylor? Would it not be just as sensible to trust or look for salvation to a gnat on a bull's horn? I have kept my eye on you since your first "hitch" with Father Cummins, in which he chewed you up into "doll rags." I am *not* a Catholic. I hope you will continue to preach as long as the "narrow-minded" will notice you.

Inclosed you will find fifty cents in stamps to pay for the first five months of this year, also two cents to cover cost of postage for MAY WORLD, and *discontinue*.

Hoping that you will take a more conservativ view of the New Testament, and may yet be able to break thru the shell, I am, yours very truly,

WM. R. WEST, M.D.

Here is a letter from a brother of similar views, but please note the difference in the tone and culture. Ignorance is crude and rude; culture is refined:

619 STUYVESANT AVE., TRENTON, N. J., May 14, '10.

DR. TAYLOR; MY DEAR DOCTOR:—Altho you have askt for a "slack off" in the religious letters, yet kindly permit another. I decidedly disapprove of your course in this discussion. Not necessarily on account of your introducing the subject, but because of your attitude toward it. You say that you are not trying to urge your personal views; but that you are trying to inspire us "to think and to read widely and liberally." Now, why should you assume that we have not been thinking and studying along these lines? Is it proper to assume that because we have not read or do not care to read the books you suggest, that therefore we are not properly studying these great questions? It is a very laudable ambition to make one think upon religious matters, but you are urging too much the study from your side of the question. You are even willing to refund the money on the books by Reverends Sheldon and Gladden, if not satisfactory, and you give a free boost to the writings of Dr. Hinkle, as tho he were a great authority. I don't like your authorities. Encyclopedic articles are all right, but why take as authorities popular preachers who are striving for effect and notoriety? We do not look upon an article by a popular medico in *The Ladies' Home Journal* as authoritativ in hygiene; neither should one so unduly overestimate the writings of these men simply because they have gained the public ear by their ability to present their ideas in an attractiv way. They are not scholars and investigators, but popular writers.

No lover of the Bible fears the truth regarding it. It has withstood all attack from its foes and dissection by its friends, and will continue so to do.

As you have been reading upon all sides of these biblical subjects, now give us some authorities who are not destructiv. Since you are so quick to recommend any article or book that is "liberal," why not give us the other side and urge that, if you wish us to properly study the question?

Dr. Orton (page 18, May WORLD) has spoken of "The Virgin Birth of Christ," by Joseph Orr; and let me add: "The Bible Under Trial" and "Problem of Old Testament," by the same author. Also "Jesus and the Gospel," by Joseph Denny, and "Introduction to the Bible," by Prof. Theodore Zahn. These men are among the foremost scholars of the day, and their books are recent and of the very highest authority and scholarship. Dr. Torrey's book, "Why I Believe the Bible to be the Word of God," is very readable, if a popular book is desired.

My dear Doctor, you seem to speak so condescendingly of those who remain children in religious matters, just as tho some of the greatest minds, as Gladstone and Lord Kelvin, were not childlike in their simple faith in the Bible. "For of such is the kingdom of heaven." The way you have disposed of miracles would satisfy Paine himself. I dislikt your use of the term "cruel creed" in reference to the dogma of my own Presbyterian Church, as it shows that you have absorbed some of the popular notions regarding them, rather than make an independent study yourself.

As a reader of THE WORLD for many years, I have come to admire your facile and learned pen, and it does deeply grieve me to see you turning away from the fundamental truths of the Bible to popular and ephemeral theories.

I like your kindly spirit in these discussions, and I think you are usually just. By all means let us "keep sweet" and be charitable. I know you have not room for this letter, but do kindly publish the list of books. The selections were made by a learned friend of mine, and some of them I have read and others I hope soon to read. In your search for truth among the rocks and materials of the universe in which God has shown His handiwork, do not turn your back upon the great revelation of His mind and heart as given in the grand old Bible, the Book which I doubt not, has formed your own character under a mother's guidance and example. If these discussions shall awaken study in the Book itself, they shall not have been in vain, however we may express our views. With kindest brotherly feeling, I remain yours,

W. J. MCKINNEY.

Brother McKinney, I cheerfully give space not only to the list of books you mention, but also to the entire text of your beautiful letter. I do not mean to be in the least unfair—or rather, I try to be over-fair. In these discussions I have given far more space to those who differ from me than I have claimed for myself or have given to those who enthusiastically agree with me. I could "fill THE WORLD" with letters of the latter class, but I remember a beautiful parable which shows the claims of the one against the ninety-nine. I sincerely sympathize with those who are "deeply grieved," for I passed thru a very painful period in reaching my present point of view and state of mind. The books you mention may be all you claim for them, but if they have not the modern point of view—if they were not written in the light of the present time—they cannot satisfy a modern mind. The books I have recommended were so written, and that is the reason I recommended them. Yet, brother, I cannot speak for you, nor you for me. There are those who will like your books best, and vice versa. But we can demonstrate one thing: and that is, that *some* men can differ religiously, and freely and frankly discuss their differences, and still dwell together. Would that *all* men could do so. It is high time that all *doctors* should be able to do so. My object was to test this, and to promote it. Some have nobly stood the test, and some have not. I hope it will not be many years when *all* can stand such a test. Here is a beautiful example of a tolerant medical missionary. It comes from China.

APRIL 1, 1910.

DEAR DR. TAYLOR:—Please change the address of my WORLD from Shanghai, China, to Oakland, Kan. I enjoy the monthly visits of THE WORLD very much; and while I do not always agree with everything in politics, religion, or even medicin that it says, yet I like to hear what the other fellow has to say along these lines, for it is only by seeing and after hearing all sides of the question that we can be sure of our own position.

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII JULY, 1910 No. 7

Serum Disease.

This is a new term in medicin, but one which will appear regularly in literature hereafter, and one may as well get acquainted with it now. Its use is limited to "trouble" following a second injection of serum. It is well known to every well-informed physician that, in a few rare but authentic cases, a fatal result has followed administration of a serum for curativ purposes within a few moments of the injection. A fact that is not so well known is that certain individuals have a hypersusceptibility to the action of sera, and that when it is used in the case of a patient possessing this peculiarity, untoward and annoying results follow. Not every individual in which this idiosyncrasy is noted develops it following the first injection of serum, tho some do. When trouble follows injection of a serum in a patient who has had serum injected on a previous occasion, the term *serum disease* is correctly applied.

Bacteriologists have known for a number of years that a guinea pig in which serum had been used in the form of antitoxin at any time, was apt to die if again subjected to an injection of antitoxin; the curious fact in the case being that the first injection was tolerated without harm resulting to his pigship, but that the second, given after a lapse of several days, caused death. It has been known to physicians of extensiv experience that troublesome or fatal results sometimes followed injection of serum in the human patient, in rare instances at the first injection, more frequently at the second or third administration.

The symptoms may be merely trivial, and appear only after the lapse of several hours; or they may be serious or fatal, and appear within a few moments following the injection. Those most frequently recorded have been a complaint of "joint pains, weakness, depression, dyspnea, urticaria, erythema, itching, cough, sneezing, edema of the face, and swelling of the tongue." (*Progressiv Medicin,* Dec., 1908). In grave cases, the dyspnea is urgent, the face cyanosed, and collapse occurs.

"There is no way of knowing beforehand that a person is hypersensitiv or that he is liable to serum disease, except that asthma is ominous and makes us fear some untoward effect. In using diphtheria antitoxin or tetanus antitoxin the serum should be given at close intervals and not at intervals of several days." (DaCosta, Modern Surgery, 6th edition.)

Altho these facts will be seized upon by fanatics who are opposed to the use of all sera, and altho it will frighten some young practicians, it is only right that the profession should be acquainted with the facts. We do not believe it is policy to tell a patient (of mature age) on whom we are go-

Digitized by Google

ing to use the serum, of these rare cases, nor do we deem it wise to inform a parent upon whose child the serum is to be used. The laity magnify such things, and have no appreciation of the rarity of such instances. The layman takes an anesthetic without thought of danger from it, altho we know that a certain proportion of all who submit to general anesthesia die directly from the effects of the anesthetic. Deaths from the use of remedial agents must always be deplorable, and when they occur, especially if the doctor be young in practise, will always be hard on the physician's reputation, yet we undeniably take the chances of such catastrophes happening every day that we employ any agent of potency. People have died from the results of extraction of a tooth; and one can never say what may be the results of any operation, even so slight a one as the use of serum. It is our part to use fresh serums, and to take all known precautions, but we do not see that our duty extends to giving the patient or parent any information in a statistical way. We should know these facts, chiefly as a means of defense when an unfortunate accident occurs, and not for public information unless forced to use it in proof of the fact that we have not been to blame in the use of the agent. The few deaths that have occurred from serum disease are insignificant when compared with the mortality incident to diphtheria alone before the advent of antitoxin, and the man who is inclined to figure that because some have died from the use of serums that they should not be used, is obtuse indeed.

Hormones.

Strange as the word sounds, its import is yet more startling, for it implies that we are very near returning to the teachings of the old masters in medicin who held that various physiological and pathological phenomena were due to circulation in the blood of various "humors." We have always conceded that "history repeats itself," but we generally made a mental reservation to the effect that medicin was always advancing and never going about in a circle. It has never been our policy to notice the new and untried theories and claims which are so frequently exploited by the ultra-scientific medical press, but the existence and influence of hormones is no longer theoretical, and the medical man who has no knowledge of them is falling behind the procession. To be sure, we are not yet qualified to say what a hormone is; neither can we say what electricity is.

Pawlow, the Russian physiologist, first called attention to the fact that injection of a dilute mineral acid into the duodenum provokes a secretion of pancreatic juice. He said it was a reflex prenomenon, the vagus being the nerve to carry the impulse. Then Popielski got the same reaction after he had severed the gut from all connection with the body except that kept up by the blood vessels, thus proving that no nervous influence entered into the phenomenon, and that the stimulus was carried by the blood stream. The acid was excluded from having any direct influence in itself by injecting it directly into the vessels, and failing to get the phenomenon of production of pancreatic juice. Starling and Bayliss then called this mysterious substance a "chemical messenger," and deemed it to be elaborated in the intestinal mucosa itself. On this hypothesis, they scraped some of the lining cells from the gut, rubbed them up with the acid, injected the mixture into the blood stream, *and got the flow of pancreatic juice.* They now dubbed this particular "chemical messenger" *"secretin."* It stands as one of many messengers carried by the blood stream from organ to organ, thus correlating their functions. The now well-known adrenalin is the hormone ("chemical messenger") of the medulla of the suprarenals. Many of the hormones have not been isolated, but they have been studied in a negativ manner, *i. e.,* by removing the organ producing them, and thus noting the effect of their absence. Thus much is known of the hormones of the thyroid, pituitary body, suprarenals, parathyroids, ovaries, etc.

We must revise our mental processes when we would think of "internal secretions" so as to call them hormones, just as we had to revise our idea of internal secretions as coming solely from the ductless glands. At the first glance one feels that our entire medical structure is going to fall about our ears; but a little calm study convinces us that it is only our physiology which must undergo a radical revision. The whole science of medicin has always been based on the claim of our ability to influence the functions of the body by ingestion of drugs, and the mere fact that we have been misinformed concerning the physiological method by which such drugs exert their influence, is not so iconoclastic as it at first appeared. Every progressiv

Digitized by Google

physician will take advantage of these "chemical messengers" so far as he has been able to learn of them, and all of us will eagerly await further investigation of those as yet unknown. Stranger things have happened in medicin than that this late knowledge may swing wide the doors concealing the mysteries of cancer, Addison's disease, tetany, etc.

Cigarette Smoking.

In selecting this subject for our strictures at this time, we realize fully that our ideas, and that the facts in the case, will meet the gaze of many in the profession who are themselves *victims*, consciously or unconsciously, of this enslaving habit. Generally the victims, like other drug habitués in the earlier stages of the slavery, "can use it or let it alone"; but, they are summoned to take note that they *do not let it alone*. Let them try a few days' abstinence, just for the curiosity of proving to their own satisfaction that they have in themselves this boasted power, and we think that they will be convinced that they *cannot* let it alone. This class of men will pass over this article with indifference, or it will develop in their minds a positiv antagonism; and we have little hope of influencing any who are confirmed victims. It is in the hope of arousing those who are not yet hopeless slaves to the habit, and to spur those who do not use the delusiv cigarette to greater activity in opposing by every means in their power the spread of this habit among immature boys and among women, that we write this article.

The popular belief that cigarettes contain morphin in small quantities is not borne out by the facts in the case. They have been repeatedly analyzed, and no observer, with one exception, has ever reported finding any morphin; so that it may be conceded as establisht that they do not contain morphin, the isolated finding probably being an accident, or the result of mistaken zeal. The worst thing in cigarettes is tobacco; and it is quite generally the worst of tobacco. The feature in their use which makes them most dangerous and which is so subtly enslaving and demoralizing, is the practically universal habit of inhalation of the smoke. This brings it into contact with many square feet of vascular tissues in the mouth, throat, bronchial tubes and air cells in the lungs, which almost instantly absorb the poisons from the fumes and nearly as quickly infuse them into the circulation. Let those who doubt this note a victim when he has but the time for a few "whiffs" before he knows he will be compelled to throw away his cigarette. He will painstakingly "roll" his cigarette, light it, puff it a few times, and present the spectacle of one who is satisfied and who *feels ready for anything*. Alas, this "stamina" is very evanescent, and the drugged system quickly and emphatically calls in an incredibly short space of time for "a few more whiffs," and so it goes on thruout the day, and generally well into the night—the last act before rolling into bed being generally "a few more whiffs."

Of course, we admit that cigarette smoking will not produce such disastrous results in the mature as it will in those who are developing, nor are the effects made manifest so quickly. In young boys the effects are quickly noticeable, and soon become alarming, if the habit is not checkt. Sallow skin, sunken eyes, loss of appetite, stained fingers, listlessness, and loss of memory, loss of power of application or concentration of the mind, shortness of breath, nervousness, palpitation of the heart, insomnia, giddiness, irritable throat, impaired digestion, malnutrition, and in many of the cases impaired or permanent loss of vision. Not every case presents all of these features, but every case has one or more of them. Some cases cause a progressiv physical and mental decline, which slopes directly into hysterical insanity and moral turpitude.

Those contracting the habit later in youth are generally physical, nervous, and moral bankrupts before they cast their first vote. The picture is not overdrawn, and every physician of experience who is observant knows this. This is not the most serious arraignment of the habit. The well-known depressing effect, the evanescence of the satisfaction, the associations personally, all lead directly to the trial of alcoholic stimulation as a relief and as an antidote. Alcohol is not the only probable complication; cocain and morphin habits are often engrafted, and when any of these complications in habit develop, the victim is well-nigh in a condition beyond hope.

Many business firms permitting or tolerating the smoking of cigars or of pipes, absolutely deny the cigarette smoker permission to remain in their place of busi-

Digitized by Google

ness while smoking. Many inveterate smokers cannot endure the stench of the cigarette. A prominent New York banking house displays the following notice in their corridors: "Cigar smoking is permissible, pipe smoking is tolerated, but the use of cigarettes is forbidden." In response to an inquiry, says Dr. Crothers, the manager said: "I have found by bitter experience that the cigarette smoker is the most degenerate of all the persons I deal with. He is careless, reckless, untruthful, and utterly wanting in manhood and frankness; his brain is bewildered, and there is nothing before him but rolling cigarettes, taking a few puffs, and considering himself equal to any occasion. I don't know the reason, but the cigarette smoker is the most nervous, childish, faithless man that we have anything to do with."

Such a terrible arraignment, coming from a man with an extended acquaintance among cigarette ˢ mokers, should impress one powerfully. The physician, of all men, should be the first to raise his voice in earnest protest against this offensiv habit, because he cannot help but know that it is deleterious to the young, and is a positiv menace to the mature. Yet every observant man notes that this habit is growing, despite the laws in many states against selling cigarettes or tobacco to minors. The young boy has no trouble to secure tobacco in any town or city, if he have the cash necessary to purchase it, and the cigarettes are soon manufactured extemporaneously, even if no "rice paper" is obtainable, for "any paper" will be prest into service. Those who note the women about fashionable hotels, cafés, and dining rooms, note that the habit is on the increase among them. Formerly the women who smokt took particular pains to do so only when in the seclusion of their own rooms, or when only in female company with whom they were on intimate terms. Now, in any fashionable café where smoking is permitted, women may be seen shamelessly smoking.

Unquestionably, in the face of the facts, it is the plain duty of every practician of medicin to not only oppose with all the vigor at his hand the use of the cigarette among the boys of his clientele, but also to do all in his power to enforce the laws against their sale to minors. As to the factor of personal example, we can only say that our esteem for any doctor is immediately and hopelessly shattered if we see him indulge in the use of the cigarette. If physicians would do their full duty in this matter they could undoubtedly do much to stay the progress of this habit. The education of the laity in this matter would be easy, for to the majority who are not themselves victims, the habit is disgusting. What is needed on the part of the physician is the sense and ability to present the effects of the habit in its true light, and to argue from sound bases of physiology and of fact. The rant about "cigarettes containing opium" has done much to discredit really earnest efforts to stay this curse. The truth is bad enuf, and ample. Let physicians acquaint themselves with the facts, and then they may present their arguments in a manner that will be certain to win activ adherents to their way of thinking.

Treatment of Acne of the Face.

The text-books on dermatology define many varieties of acne, and elaborate treatment is detailed for the affection, but very many cases are not relieved because the physician fails to "judiciously select" from the mass of therapeutics tendered him, or else the patient fails to persist in the treatment for a sufficient length of time. The acne disfiguring the faces of the young of both sexes is particularly distressing, and causes much embarrassment. Many times their medical adviser will tell them that "it will pass away when you get older," or will order for them a mixture of sarsaparilla with iodid of potash, or will perform some other equally as creditable (?) therapeutic gymnastic feat.

These cases can be cured, and cured within a reasonable time, and will not require any elaborate diagnosis nor yet any great therapeutical prowess. For many years we have been employing measures modeled after the following plan, modifying it, of course, to meet individual peculiarities of epidermal structure or sensibility. Our success has been gratifying to ourselves and to our patients, and we have often wondered why we have never met other physicians following the same simple plan, instead of vexing their patients and harassing themselves by elaborate and complicated methods of treatment. If there be any reason to suspect gross errors of diet, the kind of food preferred is carefully ascertained, and appropriate cautions pre-

Digitized by Google

scribed. The "greasy foods" universally tabooed by the text-books are not specifically denied, tho we outline definitly what shall be understood as "too strong" a diet, and give instructions as to mastication and ingestion of liquids. If there is no reason to suspect grave errors, no outlines of this kind are given. If there is constipation, it is corrected, not by drastic purges, but by gentle laxativ medication administered nightly thru a considerable period.

We have never had any great success from any local measure, alone; nor are we positiv that local methods are actually of value combined with internal medication. However, chiefly because all authorities recommend some form of local application, it has been our custom to employ something of this kind. We direct that the face be sponged with a cloth dipt in hot water and pure soap, for five to ten minutes each morning. The cloth is used in preference to a sponge because it is necessary that the vapor be brought in prolonged contact with the skin, in order that the secretions clogging the pores be dissolved. A few days of this treatment is sure to aggravate, temporarily, the condition complained of, and the patient is warned of the fact in advance. When the face is reddened and somewhat sore by reason of the repeated spongings, the treatment is suspended till all soreness disappears. This interval only takes one to three days, when the application is at once resumed. It is not long till it is noted that the condition is improving, instead of being aggravated by the treatment. In a few cases these applications cause markt soreness of the skin following each application. When this occurs, we direct that an application of any bland ointment be made immediately following the steaming. When, however, the steaming can be tolerated for several days without the development of decided soreness of the skin, no ointment is used.

Internally, we give two to four of the following lozenges every three to four hours:

Sulfur	5 gr.
Potassium bitartrate	2 gr.
Calcium sulfid	1-20 gr.
Extract ipecac	1-100 gr.
Oleoresin capsicum	1-500 gr.
Arsenic trioxid	1-1000 gr.

We like to have the patient thoroly masticate them, as they are not at all disagreeable to the taste. Probably there are other treatments as satisfactory and that will act with as great celerity, but if so we have failed to find them.

Hydrophobia (Rabies; Lyssa).

No other affection is so much an unknown quantity to the mass of the medical profession as is hydrophobia. Many practising physicians never heard the subject mentioned during their medical course, and very few have had an opportunity of witnessing a case in either animal or human being. Hence, among that class of doctors who pompously announce their dicta to the laity on the basis that "I never saw it, hence it cannot exist," the belief has grown that there is no such disease. On the other hand, the enthusiast on toxins is a continual alarmist on the matter, and every dog which bites an animal or man is forthwith labeled in a figurativ way as being rabid. The dearth of literature on the subject further increases the uncertainty in a medical man's mind. Many physicians do not know enuf about the subject to tender intelligent advice to the laity, either as regards the existence of the disease, or the proper procedure in suspected cases. The matter is of vital importance, since every layman bitten by a dog, and especially if the bite be inflicted during the dreaded "dog days," is alarmed to a greater or less degree, and this alarm is intensified if a competent physician be consulted who admits the existence of hydrophobia and confesses that there is no method known of saying whether the bite will prove infectious or not.

It betrays great ignorance of both medical history and pathology when a physician asserts that there is no such thing as rabies. It has been recognized as a disease since the time of the ancient East Indians, Egyptians, and Israelites. Democritus, writing 470 to 362 before Christ, considered it an affection of the nerves allied to tetanus. Aristotle, B. C. 384 to 322, recognized it in dogs. It was called hydrophobia by the Greeks about the time of the Christian era, according to Celsus. Virgil, Horace, Plutarch, and Galen wrote of it. Gruner, in 1883, found that the saliva was the carrier of the infection. William Youatt, in Canine Madness, publisht in *The Veterinarian* in 1828, gave the first accurate description of it as seen in both man and animals. Pasteur, in 1882, first proved its infectious character, and ascribed it to a toxin developt by a microorganism which is not yet isolated. Probably no other disease has a clearer history or a better establisht place in medical annals.

Digitized by Google

Any animal may suffer from it, tho dogs are the most frequent victims, and are the general vehicle of transmitting the disease to man. The disease is rare in America, more common in England and France, and noted with greatest frequency in Russia. The wolf, cat, and skunk are common sufferers, and have transmitted the infection to man. Pasteur's investigations indicated that the contagium, whatever it is, is present in the spinal cord, brain, and medulla, and it is quite generally conceded that the saliva of the infected animal is the carrier of the disease. It is likely that the medium of infection is an organism of bacteria-like nature.

The period of incubation is not known, recorded cases showing a range of from a few days to two years. The average is said by Tyson to be from six weeks to two months. It is important to remember that every bite does not mean an infection. Horseley states that the proportion of infections from dog-bites is not over 15 per cent. The virus may be wiped from the tooth as it passes thru the clothing, and the person bitten may thus escape infection; this cleansing may also save a person bitten subsequently. The statistics of Horseley show that bites about the head and face yield more cases of hydrophobia than bites upon other sections of the body, the arms and hands being the next in order in frequency of infection. Various authorities place the infection from wolf bites as high as 40 to 80 per cent.

Since the discoveries of Van Gehuchten and Nellis, in 1900, we have a method of diagnosis possible within six hours of the death of the suspected animal. The diagnosis is easiest made if the animal be allowed to die from the disease, instead of being killed. The ganglion of the pneumogastric nerve is the choice for examination. If the suspected animal can be secured alive, it should be shipt, with due precautions, to the nearest Pasteur Institute; if the animal has been killed, its head should be shipt as quickly as possible.

There are times when either the keeping or the shipping of the infected or suspected animal would be attended with too great and unavoidable danger. In such a case, the physician should order the animal killed and the head severed and promptly shipt to a Pasteur institute. The New York institute is located at 313 West Twenty-third street; the Baltimore institute is at the corner of Saratoga and Calvert streets; and in Pittsburg there are two institutes: one at the Mercy Hospital and one at the Allegheny General Hospital. Pennsylvania has a law requiring the Poor Directors of each county in the Commonwealth to provide funds for payment of the treatment of any person who has been bitten and who is unable to defray the expenses of his treatment at these institutes. The treatment occupies fifteen days, two inoculations being made on each day, except in wounds treated late or in the case of wounds of head or face, when as high as six inoculations are sometimes given in a day. These institutes make their diagnosis by animal inoculation, and not by the method of examining the ganglia, as practised by Van Gehuchten and Nellis, and this plan takes three weeks. The institutes urge that patients who have been bitten by a suspected animal be placed under treatment at the earliest possible moment, as "It is better to be inoculated for a disease that one has contracted than to wait for a biological confirmation of infection, and then find that this delay has been irremediable." "The inoculation is harmless to a noninfected person, and is also protectiv (like vaccination) for a period of several years." It is conceded by all that the earlier treatment if instituted in cases which are genuinly infected, the better are the results.

In 1895 the mortality in the Paris Pasteur institute was 0.13 per cent., or two deaths in 1,520 cases of inoculation. In twelve years, ending in 1902, the New York institute had treated 1,608 cases, and lost 10, a percentage of 0.62. At the Lyons institute, 372 cases were treated in two years; 26 of these were bitten on the face, 203 on the hands, 143 on other parts of the body. In 58 of these cases the animal had been proven rabid; in 207 cases the animal was presumably rabid; in 107 cases rabies was suspected. There was but one death in the 372 inoculations. Marseilles institute treated 1,460 persons in five years. Six deaths occurred; 0.40 per cent. In 307 of the cases the animal was proven rabid; it was probably rabid in 789 cases.

Bollinger's statistics show that out of 134 cases which had the wound cauterized, 92 were attackt by hydrophobia and 42 of these died. In 66 cases not

Digitized by Google

cauterized, 83 per cent. died of hydrophobia. Youatt considered immediate cauterization with nitrate of silver sufficient; Bollinger used the red-hot iron or Paquelin cautery. Youatt was himself bitten seven times in the course of his experiments, and used the silver nitrate. He said that in only one case out of 400 did it fail to secure immunity from infection.

If bitten, the victim should immediately suck the wound vigorously. It is dangerous for a bystander to do this, as the virus might infect him thru a carious tooth or some slight abrasion in the mouth. The wound should be immediately cauterized, a red-hot iron being preferable, or nitrate of silver may be employed. Caustic soda will probably do as well. Pure carbolic acid should be efficient. Tyson advises corrosiv sublimate in the strength of a solution of 1 to 500. The sore should not be allowed to heal.

If the disease has once appeared, medical or surgical treatment is of no avail, and only palliation of agony is possible.

The Pasteur Institute will mail the material for inoculation, under certain regulations, for use by the home physician.

Every physician should have knowledge of the facts we have given, not only for the purpose of sustaining his self-respect, but for the purpose of being able to give intelligent counsel to a patient who applies to him for advice concerning a dog-bite. The publisht statistics of the Pasteur institutes leave no room for doubt as to their being agents for the saving of life in cases of bites from rabid animals, and there is no evidence to show that inoculation can harm any one who has not been infected. The duty of a medical man is thus made plain to him. We know if they take hydrophobia we cannot aid them, and we know we can do nothing except to cauterize the wound to prevent them falling victims if once bitten by a rabid animal. Then it is our plain duty to give them the opportunity of knowing of the Pasteur treatment.

Business Talk to Doctors.

There have been many partizans for and against Wireless—United Wireless. For several years I have been advising doctors not to put their money into this nor any other speculativ security. In May a Nebraska brother wrote me that he had "signed a contract to take a bunch of shares at $40 a few days before I read your May issue in which it was intimated that it was n. g." I don't know whether he purchast and paid that ridiculous price for this worthless but much lauded stock or not; but many have. This stock has been "boosted" from $10 per share up to $40 and possibly higher; and a calculation in the Phila. *Record* this morning (June 16th) puts the real value at about *four cents* per share! This morning the "cat is out of the bag" pretty thoroly. The leading papers of Philadelphia give about a column each to the fraud, and I suppose that the New York papers for to-day are doing the same thing. This is the way the Phila. *Ledger* puts it:

WIRELESS MEN ARRESTED UPON FRAUD CHARGES.

OFFICERS OF UNITED COMPANY ACCUSED BY POST-OFFICE INSPECTORS.

SAY STOCK WAS JUGGLED.

THOSE "ON INSIDE" ALLEGED TO HAVE MADE MILLIONS AT STOCKHOLDERS' EXPENSE.

NEW YORK, June 15.—United States post-office inspectors raided the handsome Broadway offices of the United Wireless Telegraf Company to-day and caused the arrest of Christopher C. Wilson, president of the com-

and so on, for a full column on the front page. We need not go into particulars here. Wireless telegrafy is a remarkable and useful invention; and it is a shame that its wonders have been used to cheat so many people out of their savings—mostly "small investors," as school teachers and other professional people. "Small investors" are notoriously *bad* investors; and it is usually found that schemes that are set to catch small investors have not sufficient merit to catch large investors. I have said this so many times that every reader *must* know it; yet small investors continue to bite at the bait cleverly set for them, and continue to lose their money. For example, this Wireless swindle has "cleaned out" whole towns—that is, has taken all the loose savings out of them—not from bankers nor capitalists, but from doctors, dentists, lawyers, preachers, teachers, small merchants, etc. And even where doctors did not invest, many of their patients did, with money that should have gone to the doctor. So you see, even if you are smart enuf to keep out of such things, you may suffer indirectly.

* * *

Dispensers' Drug Club.

Have you been solicited to become a member of the Dispensers' Drug Club? One of our subscribers wrote asking my

Digitized by Google

advice, inclosing letters. Here is one of the letters—which I will put in small type, as it is rather long—and you need not read it unless you want to:

MAY 7, 1910.

Dr. —. —. ———:

DEAR DOCTOR:—We beg to acknowledge receipt of yours of the 5th inst. We are not surprised that you are interested in the formation of the Dispensers' Drug Club, as it would seem strange to us if 20,000 or more physicians were not interested within a short time, for the reason that it is bound to save them money and furnish them with drugs of the very highest character. The fundamental principle of the plan is such that the physicians are going to obtain their drugs at a very slight increase over cost of manufacture, and at the same time be assured of the very highest quality.

If you, Doctor, purchase $150 worth of drugs per annum, and they are now costing you $150, and you can save $60 or $70, don't you think that you would have a good investment, namely, the securing of two shares of the capital stock of The Girard Company, full paid and non-assessable, on an outlay of $35 and a guarantee as long as you remain a shareholder that you will receive your pharmaceuticals at this slight increase above cost of manufacture?

The organizers of the proposition are C. F. Dollner, H. J. Philips, E. W. Blake, H. G. Coover, and George C. Mitchell.

The only relationship that the Girard Company bears to the Dispensers' Drug Club is that it agrees to deliver these drugs at the slightly increast cost above manufacture, in consideration of each member of the Club taking two shares of the capital stock. The capitalization of the Girard Company is $750,000, of which $350,000 has been issued and $400,000 still in the treasury. This $400,000 is the stock on which the Club has secured an option. No matter if the Club should fail in securing the full number of shares to take up the option in toto, this would not affect adversely the interests of those who do go into the Club. In other words, the agreement is such that failure on the part of the Club to secure enuf members to take up the entire allotment would not affect the others, as they will have all the rights and privileges the same as if the full number had been secured.

The par value of the shares of the Girard Company is $10. The last treasury stock was sold at $20 per share.

We will not issue a price list with the reduced prices to stockholders or members, as this would vary from time to time, according to the price of crude drugs; but the inclosed circular, of which a copy was mailed to you, will give an idea as to what the approximate reduction in prices would be. If you take the Girard Company's catalog, except with a very few instances, you will find that the discounts will amount from 50 per cent. to 60 per cent. off the list, except as applies to special preparations.

You ask can we get the endorsement of Dr. Taylor of THE MEDICAL WORLD? We would not ask him for his endorsement, and the reason for it is that he could not consistently endorse this proposition, as it would be absolutely detrimental to him. How about the pharmaceutical houses that are spending thousands of dollars with him every year in advertising their products; besides, Dr. Taylor or any one else will simply have to take means of finding out the reliability of the proposition, and his opportunity would be no better than that of yourself or anybody else. We think the references which were given regarding the Girard Company, and which are the backbone of the proposition, are sufficient to justify you or any other physician in at least making a start.

If you like, we will have the Girard Company write you confirming all that has been said in reference to the proposition. Yours very truly, E. W. BLAKE.

Here is my reply:

PHILADELPHIA, May 20, 1910.

Dr. —. —. ———:

DEAR DOCTOR:—Yours of May 13th received, and I have gone carefully thru the letters which you inclosed. If you will take a pencil, as I have done, and simply multiply $35 by 20,000 (physicians) you will see that the result is $700,000. You can see with half an eye that this would pay at par for the alleged $400,000 worth of treasury stock of the Girard Company, and give a profit of $300,000 besides—from the doctors. If this is not the doctors furnishing the capital and vast profit besides, I certainly never saw such a case. I see that it is claimed that the "last treasury stock sold at $20 a share." I will venture that if you had these shares to sell, you would find it difficult to get any such price for them; and if this stock were thrown upon the market in any quantity, say at auction (as is done with various stocks here in this city every week—see MAY WORLD, page 191), I will venture that it would not command any such price.

And what is offered the doctors for this $700,000 that is asked? There is an implied agreement to furnish drugs ever after at 10 per cent. above cost; but that agreement is only implied; and how can the doctors ever know whether or not it is faithfully complied with? For example, what do you know about the cost of crude drugs? This looks like a clever scheme to get a large and regular patronage from physicians, guaranteed by the money which they have already put in, besides the $700,000 given to the promoters. This is the most stupendous scheme for the doctors of this country to enrich a few individuals that I ever heard of. Very truly,

C. F. TAYLOR.

Is it necessary for me to say anything further? As to the paragraf referring to me and to pharmaceutical houses "spending thousands of dollars every year" with me, you can see for yourself in our advertising pages that very little space is taken by the advertising of tablets, pills, fluid extracts, elixirs, etc.; and these are the things chiefly that the doctor buys for dispensing. Just look for yourself thru our advertising pages, and you will see how completely this claim falls to the ground. Better keep your $35 "membership fee" in your own pocket, and buy your drugs in the open market.

Here is a brother who makes a suggestion and request for the "second lesson":

READSTOWN, WIS., June 6, 1910.

C. F. TAYLOR, M.D.: Dear Doctor:—My June copy of your valued magazine is at hand, and as usual the first thing I lookt at was the "Business Talk to Doctors." I am very much pleased to learn that you are going to have a correspondence business course, and I would suggest that you have for the second lesson a full description of the best and simplest system of *bookkeeping* adapted to our needs. We cannot send out statements to any advantage like you have in your first lesson, unless we have a good system of books to start with. There are so many different card and loose leaf ledger systems on the market that one does not know which to choose. I have tried several, and am still on the lookout for something more satisfactory, as any system that is carried around in the pocket would be laught at by a man in any other business. Therefore I say, get down to business principles and give us something that we can take into any court and know we will receive justice. I consider this of more importance than any other one item in such a course as you contemplate giving.

DR. G. W. HENIKA.

This is a question about which there are so many differing opinions that we will have to leave it open for discussion. No one system will meet all needs, because the needs of medical men differently situated naturally differ. Specialists, whose practise is chiefly in the office, can use a desk system. But what we are chiefly interested in is a pocket system, as the family doctor should make his entries wherever

Digitized by Google

he happens to be. Years ago I devised such a system, but I finally sold it to Dr. W. C. Abbott, of Ravenswood, Chicago, Ill., and I do not know what he is doing with it now. You might write and ask him. Also write to Dr. J. J. Taylor, 4105 Walnut St., Philadelphia, who has devoted much attention to a pocket system that will stand in the courts, and has become deservedly popular. The card system is too bulky except for office use. The ideal system is one in which original entries are made in *words*, not in signs (as they will not stand in court), and which do not require transferring to other books.

* * *

The following letter illustrates the state of mind of many doctors:

Texas Land

WESTFIELD, TEXAS, June 6, 1910.

EDITOR MEDICAL WORLD:—Page 239, June issue, Dr. C. W. Coutant sees things quite different from me in regard to South Texas land. As usual, he sees the land sharks from the North with big real estate concerns and immigration companies, doing a bad job; but the local agents giving a square deal nine times out of ten. Town boosters and railroad companies furnish the advertising for the big companies in part; but our local reliable firms do the same kind of business, and there is little or no choice in agents. The buyer must know what he is doing. If he will spend six months or one year here he will begin to get some useful knowledge. There are always big profits on a new fad, and the early orange and fig people have sold many young plants and made some money.

The people of Alvin once got rich on pears. At that time people bought expecting to do the same. We hear but little now from the pear people. A few orange trees near the house have done well. One large orchard here froze down last winter.

The only reason I write these letters is, time and again I have seen families come here, pay about three prices for land, part down, the balance on time. Then begin a slow process of starvation that winds up with a home ruined and their few dollars lost. Frequently, I am sorry to say, their own friends act as a lead steer to lead them into the pen of robbery.

W. EHRHARDT, M.D.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for a number of years, and have found its advice sound, especially on subjects financial. I, like most doctors, am continually receiving invitations to invest my scanty surplus of hard earned dollars in all kinds of speculations; and, being like most doctors again, a very poor judge of what really constitutes a good investment, hence my appeal.

At this time I am specially interested in "Human Life," stock. The magazine is publisht by the Human Life Pub. Co., of Boston, Mass., edited by Alfred Henry Lewis. I am sending inclosed a circular that I have just received from them that will give you particulars. I have such a good opinion of "Human Life" as a magazine that my judgment might be prejudiced in its favor, if left to my own opinion.

Can you give me any information upon the "World To Day," publisht in Chicago? Also upon the products, "Sparbon" and "Chingspar," of the "Spar Products Company," 47 West 34th St., New York? Would be pleased to have you answer in the July WORLD.

Yours fraternally, ILLINOIS.

Doctor, I do not wish to even remotely intimate anything detrimental to the interests of such excellent magazines as those above mentioned, nor the products above mentioned, about which I know nothing, but I do wish to say this to you, with great emphasis: *You will not* improve your financial condition by "dabbling" in all the stocks that come to your attention that present a plausible front. All these things that are soliciting your savings are speculativ. If they were not, they would not need to come to you for money. And your little savings are too precious for you to speculate with. And even if they were not so precious, would it be sensible? Suppose you start to-day with a bank account of $5,000 that you set aside for such "investments" as constantly solicit your patronage. You put a few hundred here, and a few hundred there. And suppose in five years, or ten years, you sell out, in order to realize on your "investments." How much do you suppose you could get? Suppose your neighbor places $5,000 at interest with good real estate security. Then compare results at the end of five or ten years. How do you think the results would compare? Your neighbor would have enjoyed a reasonable income, and his principal would be safe. You would have had little or no income, and at the end of either period I will venture that your principal would have largely vanished; perhaps entirely so. I put it in this plain way to show you how to either get some good from your savings or throw them away, as you may prefer.

I wish to warn all WORLD readers against two of the most enticing and plausible "investments" that have been presented in recent years; namely, California eucalyptus and Florida swamp land concerns. Particulars later. Keep your money and wait.

MY DEAR DR. TAYLOR:—THE WORLD is the most welcome visitor I have. It's the best and most interesting, as well as the most instructiv journal now publisht, as it covers such a wide and interesting field. Every doctor in the world should read it, and I hope they will; and that Dr. Taylor may live to keep it going for many years to come, as no one can fully take his place. I sent and got the Hinkle books. Every one should read them.

Pittsburg, Kan. DR. M. E. JOHNSON.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Mechanical Treatment in Paralysis.

EDITOR MEDICAL WORLD:—In order to more clearly demonstrate the practical use of mechanical treatment in paralysis, we shall select a few typical forms and deal with each one separately.

1. *Hemiplegia*: It is important that the patient be given complete rest for the first ten days at least, and when we begin the mechanical work it must be done very gently and consist only of mild, centripetal strokings of the extremities affected. Gradually, after a few days we add massage of the liver and massage of the abdomen. After this preliminary work we must find out, with the aid of the electric current if necessary, which muscles or which groups of muscles are affected. This being carefully done, success or failure of the work depends upon the following point: Give strokings over the whole affected extremity to increase the general nutrition, but give deep massage *only* to the affected muscles. For instance, if we have an overextended foot we find a pronounced contraction of the gastrocnemius and the soleus muscles and their communicating tendon; for that reason we treat by deep and thoro massage the tibialis anticus and the peroneus tertius; this will give us *direct* strength of flexion, and we try to overcome the contraction of the stronger extensors of the foot by passiv flexion of the tarsus, which gives us *indirect* strength or power of flexion. In the treatment of the upper extremity, I often make use of an adjustable splint by which I can extend or flex the hand as much as the patient can bear. By this method we retain the improvement from day to day and we gain results much more rapidly. There is made for this special purpose a copper splint covered with chamois; this is adjustable to any angle and still is firm enuf to counteract the muscular contraction of the stronger group of muscles. For the foot we have a most ingenious brace with a hookt lever at the side that causes a direct action on the tendo Achilles for each step taken. I regret that I do not know the originator of this brace, as I would like to give him just credit due. With the aid of these two appliances we gain a great deal of time, and the *sooner* we can get motion restored the better final results. Swedish movements should be used and special attention should be given to vibrations and percussion over the respectiv plexuses.

2. In *Paraplegia* we pay special attention to those groups most affected, and we try by our careful attention to the peripheral nerves to reflexly act upon the cord, and we thereby prepare the paralyzed muscles to respond to the renewed action of the nerves, as repair gradually takes place centrally. We must follow the same rule for deep massage as previously mentioned; and simple as that rule may seem, it has been of the greatest importance in the cure of many cases of paralysis by the author and his pupils. We must also look to the condition of the bladder in these cases, as we all know that we have more or less trouble from that source, and the vibration with the tips of the fingers above the pubic crest is most effectiv. Vibration of the bladder is such an excellent aid in the treatment of incontinence that I hereby

refer the reader to the above illustration, copied from an illustration in the author's book on Massage, publisht by P. Blackis-

Digitized by Google

ton's Son & Co., Phila. The hands are held close together and the finger tips perform the vibrations. Many cases of paraplegia are wonderfully helpt by massage and electricity.

3. *Infantil Paralysis*: This trying form of paralysis often comes under mechanical treatment; and while we do not claim that massage cures every case, we have seen it do wonders by persistent application and careful study of affected muscle-groups. It does improve the nutrition materially by increasing the circulation, thereby aiding us in preventing deformity. A fatal error to many a child is to put braces on it without giving any mechanical treatment—an incurable atrophy is the common result. Not that we do not believe in the intelligent use of braces, when actually needed, but if you constantly assist nature, afflicted by lack of normal nerve-impulse, the muscles will soon be practically useless. In this form of paralysis it is very important for the operator to absolutely know which muscles to treat and which to leave positivly alone. More errors in the use of massage are seen in the treatment of this trouble than in any other. The safest way for the painstaking physician is to plainly write out a distinct prescription for the masseur. How often have we not in these cases wondered how strangely the muscles or certain groups of muscles were affected! The only explanation of this is to be found in the fact that some cells have healed while others failed to recover. The careful masseur will pay special attention to the spine with frictions and vibrations, and he will early begin his movements and use resistance only when the *weaker* or affected group is called into direct action. By this careful mode of treatment, many cases that had been considered hopeless have been most remarkably benefited. Surgical treatment is no doubt indicated in some of these cases, and electricity is most helpful if we only remember the same important rule *not* to stimulate the nerves of those muscles which are already relativly too strong.

4. *Facial Paralysis*: We stimulate the facial nerve by firm pressure and by frictions over it where it comes forward over the ascending ramus of the inferior maxillary bone. The frictions should be made from above downwards. (Kellgren.) It should be carefully noticed that we massage that side of the face where the muscles are weak and flabby—often stretcht or elongated. The contraction of the muscles of the other side is overcome by stretching them towards the orbicularis oris. With careful judgment this form of paralysis is most responsiv to massage treatment, and it is a great pity to think that so many persons have to go thru life with a distorted face, when mechanical treatment promptly and properly applied will readily effect a cure.

5. *Post-Diphtheritic Paralysis*: In this trouble, whether partial or complete, we have very good results. We give massage to the lower extremities and ascertain which muscles are the weaker and use our deep massage accordingly. Corresponding treatment of the spine is of course necessary. The adductor muscles are often at fault and require care. The patellar reflex is generally absent, and remains so for some time even after the patient has apparently fully recovered. (Moebius.) When the soft palate is paralyzed and we have regurgitation of food, we give shakings of the throat, and it is often useful to give frictions over the facial nerve. For the waddling walk so common in these cases, nothing is more useful than lying, separating, and closing of the knees or legs, under resistance, which must be given according to establisht relativ muscle strength. Electricity is a most useful adjunct.

6. *Multiple Alcoholic Neuritis*: Some readers may question why this is mentioned here; but I have had several cases of this serious trouble with complete inability to move; and the massage has invariably restored the use of the limbs.

7. *Paralysis from lead poisoning* is very quickly relieved by the intelligent application of massage and electricity.

8. In *Traumatic Paralysis* the result of our work is of course dependent upon how serious the injury of the nerve in question is. Some cases of partial paralysis after dislocations of the shoulder joint have been treated successfully by me, even after neurologists of high standing had declared them to be incurable.

Liberal judgment and good care are necessary in selecting the proper treatment for a case of paralysis. For instance, if we take a case of specific hemiplegia, the erratic, "omnipotent" mechanical man will say that he can cure it; and the general practician of medicin, fully convinced of the quick response from his drugs in such cases, will often overlook

Digitized by Google

the great aid to be had from mechanical treatment scientifically applied. It is clearly evident that the patient will suffer in either case, but indescribably more so in the "hands" of the mechanical man. Again, in a case of paralysis from lead poisoning you may push your iodids and still not get the desired result which a few intelligently applied massage treatments will give.

So let us always think first of the suffering patient, and let us make use of such remedies as careful thought and practical experience have proved to be most effectiv.

KURRE W. OSTROM.

112 N. 16th St., Philadelphia.

Acetanilid as a Preventiv of Hemorrhage in Typhoid Fever.—The "Acid Tongue."—An Odd Prescription.

EDITOR MEDICAL WORLD:—I was called, Feb. 1st., to see a girl 14 years old, who had always been pale and lean, never had been healthy and robust, and upon examining my patient I was almost positiv she had typhoid fever. So I told her parents what I thought was the matter, not in positiv terms tho, for I knew the season of the year was against the diagnosis. It proved to be typhoid, and about ten days after she had taken sick another doctor was called in with me. We agreed on everything except one, and that was he wanted to give her two grains of acetanilid every four hours; not to control temperature, but to lessen the dangers of intestinal hemorrhage. I askt him how it would do that, and he said by producing a condition of the blood similar to chilling it; in fact, he called it his "chilling treatment." I told him the damage it would do, especially to a little pale weakly girl as she, would overbalance any good it could possibly do in preventing hemorrhage, and I did not believe it would do that. Now I want your and the family's opinions as to the action of acetanilid in that way. Those who have had a good deal of experience with typhoid fever and acetanilid will in all probability know something about that matter, and I would like to hear from them thru THE WORLD. I should have said we never gave her any acetanilid.

Another thing I would like to know is this: Is the condition of the tongue a reliable index as to the condition of the stomach in gastric troubles? In other words, is it possible to tell from the condition of the tongue whether there is too much or not enuf acid in the stomach? If so, what kind of a tongue indicates too much acid, and what kind of a tongue indicates an absence of acid? This may seem to be a very foolish question, but I have searcht everything I could find and I can't find anything that says anything about it.

Here is a prescription used by a certain doctor for every gastric trouble he meets, and I want your opinion as to its compatibility, etc.:

℞

Liquid phosfate soda
Oliv oil
Alcohol, equal parts

Sig.—Tablespoonful 3 times a day.

If there were constipation, and too much acid in the stomach, it would do probably to give it after meals, but I can't see where the alcohol would come in.

While I do not agree with you politically, I like to read your Monthly Talks, for they are instructiv and show that you believe in progression both religiously and politically; so I am with you both soul and body in the matter of progression, for there is no race of people under the blue canopy of heaven which can ever reach that degree of civilization to which mankind should reach, without continual search for truth. Keep up the good work.

I. L. GARRETT, M.D.

Jamestown, Tenn.

[Acetanilid decreases heat production, and to a lesser degree increases heat dissipation. So far, the assertion of your consultant could be supported by fact. Furthermore, it depresses the heart and respiration, contracts the arterioles by direct action on their muscular coat, thus raising the blood pressure and acting as a hemostatic. Hence, if this action alone could be secured, his position would be tenable. Not many practicians, we imagin, would agree with him in using acetanilid in typhoid fever, for this purpose, since it lowers the reflex function of the spinal cord and depresses the sensory nervous system at the same time that it is exerting the hemostatic effect.

An excess of acidity in the stomach is indicated by a red, uncoated, and generally pointed tongue. Deficiency of acid is generally presumed to be present when the tongue is pale or coated, and broad and flabby.

We cannot guess why the Doctor should use this or any other prescription in every

Digitized by Google

case of stomach trouble, and it is certainly far from conforming to the generally accepted rules of elegant pharmacy. A third of a tablespoonful of alcohol at mealtime would act as an aid to digestion. —ED.]

Sensible Treatment of Typhoid.

EDITOR MEDICAL WORLD:—I belong to that great army of physicians who live in the backwoods and country towns and "shovel pie with a knife." I have "peddled pills" for ten years, and have been a reader of THE WORLD for two. I am always looking for the best, and I am sure I can find that in THE WORLD. I enjoy the Monthly Talks and Camp Meetings, but in the language of the usual political platform, "I view with alarm" some of the articles written by the family on typhoid fever and pneumonia. To those who are so sure that they "abort" these diseases, allow me to inquire whether or not it is possible to have these diseases in a mild form without treatment of any kind? I am sure this is the case with smallpox, measles, scarlet fever, etc.; and, in fact, nearly all diseases. Why not with typhoid and pneumonia?

Now, a word in regard to the treatment of typhoid fever. I admire the loftiness and zeal of the M.D. who boasts of having no routine or fixt plan of treatment for typhoid, but I doubt his veracity. We should all have a fixt plan of treatment, and every medical college should teach this one thing above all else: that a vast majority of all medical treatment resolves itself into two main objects, namely, *support* and *elimination*. If you are ever bothered or uncertain about a diagnosis on your first trip to see a patient, follow this rule, and you will invariably be right. Especially does this hold good with typhoid. For support, first of all, is buttermilk and ice cream; then we might mention rolled oats, cookt and strained; custard; malted milk; orange juice; coffee; tea; etc. Always please the patient's taste if you can without injuring him. Broth is often relisht, but it always appealed to me like cheating in a game of solitaire. Good nursing and strychnin might be clast with support.

For elimination, there is nothing that will take the place of castor oil. I have no objections to four or five 1-gr. doses of calomel in the beginning, given an hour apart; but castor oil is the thing to give thruout the course of the fever. The bowels should be kept thoroly cleansed, and, as a rule, one or two doses of oil each morning will do this. But so long as the temperature remains up to 102° or 103° F., it is well to give oil every time the bowels go eight hours without moving. From one teaspoonful to one tablespoonful of oil is the usual dose; and when once given should be repeated every three hours until results are obtained. Under the proper use of oil you will seldom have delirium in a markt degree. The tongue will remain moist thruout the course of fever, and there will be little or no tympanites.

Patient should also eliminate thru the kidneys; therefore, give plenty of water; also thru the skin, so give a bath daily, or oftener if hyperpyrexia (104° F., or higher) exists (and this is seldom where there is proper elimination by the bowels). I never give fever "draps." Of course, the laity must be giving medicin, so it is well to give some intestinal antiseptic placebo, such as salol or fl. ext. echinacea—any old strength, just so the water is colored.

It is sometimes necessary to control the severe headache in the early stage, and for this an occasional 5 or 6-gr. dose of phenacetin may be given.

If your patient can rest at night, it is well to not disturb him with medicin after late bedtime.

Under the above general plan of treatment, the vast majority of typhoid cases will run a mild course, readily recover, and the temperature be down to normal at the end of two or three weeks.

I am not writing this as any new discovery, but just plain common sense treatment of that dreaded disease, which in the country the common house fly is the chief agent and distributer.

Well, as this is my first "spasm" to THE MEDICAL WORLD, I must discontinue, or the waste basket will be too full. I will try copper arsenite in my next case.

Blackhawk, Ind. J. D. FOOR, M.D.

[More "spasms" will be welcome from Dr. Foor. If he prescribes or purchases "phenacetin" under its chemical name (now that the patent has expired), it will cost less money and be the same thing. I wish to state also to THE WORLD readers that Dr. Foor represents his county in the state legislature. All doctors cannot expect to hold office (nor is this necessarily desirable); but every doctor can give instructions to his clientele, and wield a powerful influence in his community. And I hope that every doctor, whether in or out of

Digitized by Google

office, will become an instructor in his community on the importance of every state securing a Direct Legislation (Initiativ and Referendum) constitutional amendment. Some states already have it (see May Monthly Talk). We must not stop until every state takes this step, and then we will talk about a similar amendment to the U. S. constitution.—ED.]

Dressing for Burns.

EDITOR MEDICAL WORLD:—The best thing that I have ever used, and one that gives universal satisfaction, is an ointment or paste made by mixing vaseline, acetanilid, and subnitrate of bismuth. The burnt surface is covered with this by spreading it over the entire burnt area and then covering with white antiseptic gauze or any white clean cloth, or cotton batting; but as the cloth is always at hand, that is what I use. The proportion of acetanilid to the bismuth should be governed by the extent of surface to be covered; in small burns the acetanilid may be large; but where large burns are to be covered, more bismuth and less acetanilid, as too much of the acetanilid might be absorbed from a large raw surface. Properly mixt and used, there is nothing that I have ever found to equal it; and it is clean and has no odor like oliv oil and lime water, and such dirty mussy things. It is clean and perfectly antiseptic, and can be spread on a cloth and applied and removed easily. All pain and burning soon stop after its application. DR. M. E. JOHNSON.

Pittsburg, Kan.

Syphilis and Tuberculosis in the Negro.

EDITOR MEDICAL WORLD:—Tuberculosis was almost unknown in the Negro during slavery; so much so that it was generally conceded that the Negro was immune to it. But now it might well be conceded that he is more susceptible to it than the whites. Why? Some say because now that his habits and modes of living are the same as those of the white race, the Negro is rendered susceptible to tuberculosis, the same as his white neighbor.

Can habits and modes of living bring about such a systemic change in less than a half century? I say hardly so. We must look for a more specific cause than habits and modes of living. If we will go a little further and look for some of the results of their habits and modes of living, I believe that we will get nearer to an explanation of the alarming condition.

Now, as a result of the above, what do we find most prominently? I say syphilis. We must remember that syphilis, too, was almost an unknown disease among the Negroes during slavery. And if one unfortunately acquired the disease, his master, who had been taught of the nature of syphilis from his childhood, saw to it that he got the proper treatment; and used the necessary precaution to prevent it being transmitted to his future slaves.

But with the abolition of slavery, which freed the Negro to go and come as he pleased, and his ignorance of the nature of syphilis on the human system, his ignorance of how necessary it was to take the proper constitutional medicin to eliminate the the poison from the system—we have reached the stage of human existence where, I dare say, 20 per cent. of the Negro race is afflicted with syphilis, either acquired or hereditary, the larger per cent. being hereditary. Putting the percentage at 20 may seem incredible; but let us take a look at the present and past condition of the race. We all know what an exodus there is of Negroes from the rural districts to the cities and towns, and especially of the younger men and boys. Let us take, for example, a young man say, 20 years of age, who was reared on the farm by ignorant parents who knew nothing of the nature of syphilis and therefore could not speak one word of warning to a departing son. He leaves home and goes to the city or small town, and naturally, nine times out of ten, he falls in with the lower, easy, free-going element of the race. In a short while we find him with a case of syphilitic chancres; and instead of going to a physician for the proper treatment, he falls into the hand of some quack (all towns, cities, and most communities abound with them, who claim to cure the "pox" in ten days or less). Now, we all know that the true Hunterian chancre is easily healed in a few days. This being healed, he considers himself well.

As time rolls on he returns to the home of his boyhood days and finally weds the girl that he learned to love in his childhood, and she, poor ignorant creature, gives birth to probably half a dozen or more syphilitic offsprings, and is herself inoculated with the disease. As a result, we have here a whole family whose system is sapt of that vitality that goes to make a healthy, robust, and disease-resisting human anatomy; and in its stead we find a diseased and weak-

Digitized by Google

ened anatomy of sub-normal vitality, ideally susceptible to tuberculosis.

These offsprings may grow to men and women, and marry and become fathers and mothers of children of subnormal vitality, and some of them may chance to marry acquired or hereditary syphilitics, which fact will still further decrease the resisting power of their progeny. Now, when this class of people crowd together in squalid and ill-ventilated quarters, as they do in the cities and towns, amid filth and unsanitary conditions, and a constant intermingling with tuberculous people, what may we expect but an alarming increase of the disease?

Owing to their subnormal vitality, such people are thriftless. They are satisfied with any kind of an existence, just so they are living. These conditions, in my opinion, are the causes of the enormous death rate among the Negroes from tuberculosis.

Very few of the old slaves, if any, succumb to tuberculosis; but it is their descendants since slavery times that are falling prey to tuberculosis.

A great deal of time and money have been and are being spent to check the ravages of the disease among the Negroes in trying to educate them in the laws of hygiene, etc.; but it is my candid opinion that if just one-fourth as much was spent in educating them in the pathology and dangers of syphilis, and for constitutional medicin which syphilitics should be compelled to take under the supervision of health officers, the results would be fourfold better.

Take a look at the pathology of syphilis, especially the inherited type, and that of tuberculosis, and see the resemblance; can't you see the kinship as of father and son? Years ago scrofula was clast as a disease *per se;* but to-day it is conceded, by the best authorities, to be one of the offsprings of syphilis; also it is conceded that syphilis is one of the most common predisposing causes of tuberculosis. And I believe that when science goes a little deeper into the etiology of tuberculosis, it will be found that syphilis is the predisposing cause, either directly or indirectly, of 90 per cent. of tuberculosis in the Negro. In fact, after eighteen years of observations and study, I am forced to ask the question: Is tuberculosis anything more than one of the complications of syphilis?

T. LEROY JEFFERSON, M.D.

West Palm Beach, Fla.

Difficult Labor.

EDITOR MEDICAL WORLD:—"The more you know, the less you will do, as regards interference with labour; but the more we know, the more we can do to ease the pain which attends it." These words, spoken years ago by Fothergill, are still true to-day.

Some modern physicians, who know the ease with which labor can be terminated by interference with forceps and otherwise, cause more gynecological cases than do the midwives. The midwife causes many a death by infection of the mother. The meddlesome physician is generally careful in regard to using antiseptic precautions, hence the results of his work are usually slow in presenting themselves. The midwife may produce many cases for the gynecologist by her uncleanliness and by permitting retained placentas and membranes. The midwife may be excusable, as the laws of many states permit her to practise without her having given any evidence of fitness for this work. Many a physician is not to be excused.

There is no place on God's green earth where we can make so many blunders and leave such terrible results, the victim and the world-at-large remaining ignorant of the conditions for a long time, as in our treatment of woman in labor.

It is sad, but true, that frequently, after a difficult labor case, in which the woman has been shamefully lacerated, the attending obstetrician is praised because the woman is alive. The amount of trauma permissible seems to be in direct proportion to the high opinion in which the family and friends hold the physician.

My excuse for these remarks is to protect the mother, and for the purpose of preventing the attending physician from concluding these cases in from one to two hours at the risk of injuring the woman. I do not speak as an iconoclast, but for the purpose of a warning of the rapid pace we have set in midwifery to compare with our commercial ideas and habits.

We can increase the rate of travel by trolley or express train, but we will never be able to increase, without danger, the rate of contraction of the muscles of the uterus or the relaxation of the cervical and perineal muscles when they are doing their best. Contraction and relaxation of muscular tissue is a physiological process which, if carried on more rapidly or more powerfully than the component fibres of the muscles can be nourisht and the waste

Digitized by Google

products removed from them, produces great fatigue. Fatigue demands rest. If a muscle be made to act beyond this physiological limit, its resistance is lowered and the part is injured in proportion to the work required.

While I grant that the proper use of forceps is a great blessing to suffering woman, and I use them when necessary, I cannot refrain from uttering a word of warning to the rapid increase in the "indications" for interference. Caesarian section is done as a routine procedure by some for eclampsia, placenta previa, deformed pelvis, floating head, and many other conditions. The various major operations for delivery of the child would require pages to mention. Premature labor is being induced for fear that the child might become too large. These with various other procedures are being resorted to in order that obstetrics might become more scientific. I do not deny the usefulness of most of them at times, but I do object to the teaching of the general adoption of such interference.

Let me ask how many women have you seen to die as a result of a natural labor, no abnormal cause of dystocia other than inertia due to fatigue being present? Again let me ask, how many cases have you attended to which you can look back and know that you probably did the wrong thing? You may have interfered when you should have given the woman a rest.

We must not forget that the habits and dress of woman are rapidly causing her to lose that abdominal muscular power with which she should be endowed by a natural birth and life.

Dystocia means difficult labor. It is a question whether it is generally interpreted as referring to a difficult time for the mother or the physician. While it no doubt refers to both frequently, for there is no difficult work in which the physician engages for which he receives so little compensation as obstetrical practise, yet I shall confine my remarks to those conditions, treatment, etc., which are for the welfare of the mother. I have much respect for those "old physicians" who are presumed to have known but little, yet who would sit and wait for hours for the little fellow to make his appearance. While they did not realize the value of an anesthetic from the time the scalp first appeared at the vulva until the head was born, yet the number of lacerations were much less than in the hands of many at the present time.

Compare one of those "ignorant" obstetricians with the physician who recently remarkt to me, "I'll be d——d if I will sit up all night with any woman; I will 'slap on' the forceps and go home." It is all right for Dr. A. to "slap on" the forceps on the wife of Mr. B., but would he like them "slapt on" his wife? That is, if he were intelligent enuf to know the difference. If not, he should not be permitted to practise upon the innocent and unprotected.

Dystocia is divided into those conditions which concern the mother and the child. As regards the mother we have atresias of the uterus, vagina, and vulva; deformed pelves; diseases of the placenta as well as its abnormal formation and location; hemorrhage due to separation of the placenta; diseases extraneous to the birth canal but which interfere with the happy termination of labor, viz., diseases of the heart and lungs, eclampsia, insanity; adhesions of the uterus to the abdominal wall as a result of fixation and suspension; abdominal and pelvic tumors, ascites, etc.

Dystocias due to the child are extraordinary size, malformations, prolapse of the cord, position of the child, presentation of more than one part, etc. The child above twelve pounds is very rare; one writer states that he searcht in the records of a maternity hospital thru one thousand cases before he found one over this weight. In 960 cases I had but one over this weight. I delivered a negress of a 16-pound child perfectly formed. The attending physician had mutilated the head before I arrived, and the body was delivered with great difficulty.

A very common form of dystocia is that due to lack of pains—uterin inertia. For this condition we have two methods of treatment before resorting to radical measures. If due to lack of power in uterin and abdominal muscles, a uterin tonic, as strychnin, may be of value. When the condition is due to fatigue of muscles which have been activ, a hypodermic injection of morphin, or better still, a little chloroform and sleep will very frequently be followed by good pains, and labor will be terminated. I do not hesitate to say that a very large number of forceps cases would be dispenst with if the woman could obtain the needed rest.

For the comfort of the physician as well as for the good of the mother, it is advisable to determin, when called to a case.

Digitized by Google

whether the woman is really in labor. Mrs. J. had good labor pains and sent for me. I found the cervix dilated to the size of a half-dollar. So severe were the pains that she held to the side of the bed. The pains stopt and I went home. I called the next day and found her quite comfortable, but no evidence of pains. I delivered her of a healthy child five weeks later.

The time of the onset of real labor pains is one of great importance for the physician as far as his reputation is concerned. In many an instance the physician has left, saying that there was no hurry; that the woman was not in labor; only to be called in a short time and told that the child was born. He receives the censure of the family and in many cases loses them for the future. The physician may think that the lack of pains is due to inertia; he interferes and terminates pregnancy, when in reality he should have been at home in bed. Many a physician has sat all night patiently waiting for progress; he goes home in the morning, his professional dignity lowered, the child being born days or weeks later.

It is extremely difficult at times to determin whether the amniotic sac has ruptured, or whether the escape of liquid is due to a condition seen occasionally called hydrorhea gravidarium, an accumulation of liquid, probably the result of an endometritis, which being outside of the membranes does not indicate the onset of labor. If the condition is severe, it may be the cause of premature labor. When a sufficient amount of the liquid can be examined, it is generally easy to determin its nature.

It is not always necessary to give the mother treatment for lack of pains, even tho the membranes have ruptured; for it must be remembered that very frequently rupture may occur and labor not set in for a week or more.

When any unusual condition may be present, but which cannot be positivly determined without an interference which would terminate pregnancy, it is necessary to have the mother under continual surveillance. If the condition of the mother indicates that she is in actual danger or the lessened movements and more feeble heart sounds of the child suggest it is becoming weaker, then labor must be induced in the quickest and easiest way for the safety of both.

It is always advisable to deliver a child even before viability is positiv, should the mother have a condition like placenta previa, which had given evidence of a possible hemorrhage occurring again, unless she can be placed in a hospital and kept under continual observation.

These remarks on unnecessary interference do not preclude the use of forceps or any other operation when indicated. *When* to use forceps, is a more difficult question for many physicians to decide than *how* to use them. A difficult forceps case is of graver importance than the average laparotomy. If the gain is to be greater than the danger, forceps should be used. A woman rarely shows the after effects from having had severe pain, provided there was not an excessiv loss of strength or injury to the parts from pressure, forceps, etc.

Having determined that the safety of both mother and child indicates the use of forceps, a few points in regard to their use may be of value. A head in the posterior position very frequently fails to engage and descend, and high forceps are used. In order to obtain the best results, the blades must be applied as nearly as possible to the parietal region, for if placed otherwise, the descent is more difficult and dangerous to the child, and liable to injure the face and produce paralysis by pressure on the nerves. Bimanual manipulation, preferably an assistant for the abdomen, places the head in the position desired, occiput being rotated anteriorly if possible, and held by the hand in the vagina; the other hand applies the blades; *the internal hand remaining internal during the entire application.*

I have made it a practise to use the same hand within the vagina and the other one to handle the forceps, whatever the position. I am sure that a better application can be made with less injury to the child than by following the teaching of the text-books: right hand to left side of the mother, using the left hand for left blade, and *vice versa* for the other blade.

Always determin the position before applying the forceps and apply the blade to fit the head rather than the pelvis, unless you are positiv that the child is dead. The posterior position probably gives the obstetrician more trouble than any two other conditions, and I often think more than all others combined. If the physician will wait and assist a little by abdominal and even by vaginal manipulation under slight anesthesia, the length of these cases will be much lessened; in which event the head

Digitized by Google

usually rotates anteriorly and forceps are not needed.

There are many ways to deliver this position when it fails to descend. We may use the forceps high, as mentioned above, the head being rotated anteriorally; we may be compelled to apply the forceps to the head in a posterior position, in which case it can be brought down as such, or what is better in some cases is to carefully rotate the head in its descent and reapply the forceps when near the perineum. When indications are favorable, version is the method of selection; it is more quickly and generally more easily performed. The danger to the aftercoming head is one to be remembered. To perform version successfully the uterus must not be contracted down firmly; the turning must be done very carefully and quickly, but not with a jerk; either leg may be used, but I believe that there is less danger of rupture of the uterus if the higher leg is found and brought down, rather than having it pusht forcibly against a soft uterin wall during the version.

It is impossible to mention and discuss at one time even a small part of the conditions causing dystocia, for which reason I shall rather try to disabuse the general mind of a few common errors, hence will mention a few important points.

A prominent abdomen may indicate twins, hydramnion, or a deformed pelvis, and suggest dystocia. Which of these conditions actually exists can usually be determined before the onset of labor. If you conclude the condition to be hydramnion, it is wise to gently suggest that the child might be born dead or in a very weak condition. When you prognosticate at any time, do so to the nurse or the husband, but not to the mother.

The exact position of the head in many cases can better be determined before the onset of labor. The abdominal examination before pains have occurred is much more satisfactory than the average vaginal examination during labor. In many cases it is impossible to determin by vaginal examination alone the exact position of the head. If labor is progressing satisfactorily it is not necessary to continually examin until a diagnosis of the exact position is made. If suspicious of trouble, give a little anesthetic and insert enuf of the hand within the vagina to locate the positiv landmarks of the head, viz., ears, nose, etc.

I am perfectly honest when I say that at times a good obstetrician cannot tell by the vaginal feel of the head what the position is; for we have to remember that the head may be tightly engaged, pelvis being small, no positiv lines of sutures or fontanelles can be accurately determined. I say this, since my experience includes five years demonstrating nearly all of the cases shown to the students in our medical college during that time. It must be remembered that when you tell a section of students time after time how to feel sutures, fontanelles, just exactly what the position is, you are not permitted to be wrong very often, or they will tell you in a way not to be forgotten. Who has not seen the dignity of a demonstrator lowered by a wrong diagnosis?

In like manner, while the pelvimeter is an instrument of great value and should always be used in examining a primipara or a woman who has had a difficult labor, it will not always tell us the nature and size of the birth canal. The only possible way to determin positivly the internal measurements is to examin the woman under anesthesia, inserting the hand into the vagina; and this must be done before the child has begun to descend into the pelvis or before the beginning of the last month of pregnancy. It is not often necessary to make this examination in the general run of cases.

While the size of the pelvis determins to a great extent the nature of labor, yet we must remember that the size of the head of the child must always be considered. It is the relation of the size of the head to the birth canal with which we have to deal.

Placenta previa marginalis is of more frequent occurrence than is generally believed; seldom doing great injury. The more serious forms, partial and complete central implantation, are serious in their results. I would not resort to Caesarian section for this condition. I have attended fourteen cases of placenta previa where the hemorrhage was markt. These cases were all either hospital cases or cases in consultation.

Four of the cases were in hospital under constant supervision and were allowed to go to term. Two of the cases in hospital were delivered at once. One of the cases outside of hospital was allowed to go to full term. Seven of those outside were delivered at once, four at home and three in hospital. Of the nine cases delivered at once, five were completely central and four

Digitized by Google

were lateral. In one case the child was brought down thru the hole made in the placenta so well in the centre that the edges of the placenta were intact in its entire border. All of the children where labor was induced were delivered by version, except one which was delivered by forceps. In each case the cervix was dilated manually; in no case was any instrument used to assist the dilatation. In the last three cases I employed bimanual dilatation; using one, then two, of the fingers of my left hand, then one of my fingers together with one of the fingers of the right hand of an assisting physician; then two fingers of my hand with his one; two of mine with two of his, and so on, until the cervix was sufficiently dilated for me to insert my hand. This method is much more satisfactory than the bimanual dilatation by the attending obstetrician alone, because the uterus can be held down in the vagina more easily and it is not so tiring to the operator as is the old method of manual dilatation.

The mortality of the mothers was *nil*. Six of the nine children in which pregnancy was terminated were born alive; one died the next day. One was a six months' pregnancy and the other a seven months; the six-month child was alive, but was not sufficiently developt; the seven-month child presented no sign of life immediately before or after birth, hence the possible number of living children should be seven. Two of these died, making a mortality of 18 per cent. All of the children of the mothers who were allowed to go to full term were born alive and lived until dismissed from the hospital. One of the children delivered prematurely was seven months and three weeks, one was eight months developt; both are alive to-day. All of the others were in their ninth month.

Hemorrhage or bleeding from the uterus is not uncommon during the early months of pregnancy. In most cases it is the menstrual flow, which may occur thru the entire pregnancy. It may be due to an endometritis, polypi, fibroids, etc. Hemorrhage due to the separation of the placenta has not been of frequent occurrence in my experience. I have never seen a case of concealed hemorrhage, and have had but one clear, well-defined case of ante-partum hemorrhage due to the separation of the placenta. In this case, the hemorrhage had ceast before I arrived; the patient was taken to the hospital and carefully watched. Labor set in within twenty-four hours and terminated a few hours later without any assistance. A very severe hemorrhage followed the birth of the child; I found that the placenta was implanted in one cornu and partially detacht. It was promptly removed, and in a short time the hemorrhage was controlled. The child is still living.

Adherent placenta is not a common condition. I have had but one case, and that several years ago, and I am not positiv that I waited long enuf for it. This term is used too loosely, and in most cases means that the physician does not know how to deliver the placenta.

Neither is post-partum hemorrhage a common condition if the patient is properly treated. Gentle massage over the fundus of an "empty" (of everything) uterus will very rarely permit a great loss of blood. It might be well to give ergot as a routine practise, because if a severe hemorrhage occurs, you can state that you gave it. I rarely use it after labor, as its action is uncertain and cannot be depended upon. The uterus which has been unusually large for any reason, as well as those which have undergone a long difficult labor or have had markt inertia, are especially liable to permit of much hemorrhage until a sufficient contraction has taken place. A very serious hemorrhage may mean rupture of the uterin artery; if so, it should be ligated. Probably the worst hemorrhage which I have seen following labor was due to rupture of the uterin artery during a precipitate delivery.

The greatest blessing to many a woman in labor is an anesthetic. I prefer chloroform, when necessary. Have tried hyoscin-morphin-cactin, but was not sufficiently imprest to continue its use. As mentioned before, morphin is of great value to relieve annoying pains and give the woman an opportunity to get a little rest and renew the needed strength. An anesthetic is my best friend in caring for the perineum. Occasionally a bad laceration cannot be prevented, but we cannot excuse many of the lacerations which occur. When the head strikes the perineum, slight anesthesia, increasing as the pains are more severe, should be used. If labor is prolonged, allow the patient to awaken and have good pains. It is well when pains have been severe and in every case where a laceration is likely to occur, to deliver under anesthesia. Primiparas frequently require from two to three hours of careful treatment after the head strikes the perineum. Most

Digitized by Google

multipara require a small amount of anesthesia.

The most common cause of long labor is the failure of the head to engage. This can frequently be remedied by abdominal manipulation of the child. If this fails, I very frequently use a tight abdominal binder, tightening as the head descends. As seen by the illustration, the binder is so constructed that one binder will fit most women. The unusually large or small cases can be fitted by having an extra back piece at a small expense. The binder is very comfortable—straps being on both sides, the pressure can be properly applied. The binder is particularly of advantage in

those cases where we see the large pendulous abdomen, or in any case where the uterus hangs forward. The tight support places the child in a better position and permits of an easier engagement.

The binder is of great assistance to the weak abdominal muscles produced by tight clothing, many pregnancies, etc., and helps to overcome the obstruction due to deformed pelves. I have been very much

pleased with the result of its use, and would recommend that each physician carry an appliance of some such nature for these cases.

As a last caution to those of limited experience, do not use the Bossi dilator. I never use it. The method of dilatation mentioned above is very satisfactory. A crampt hand will recover, but a badly lacerated uterus never.

In conclusion, I have been accused of being "lucky" in that I have no mortality to report in the 960 cases delivered. One case, that of a woman with cardiac dilatation complicated with placenta previa, was so serious at the time of delivery that she was held in the upright position on the edge of the operating table, a nurse holding each leg in extension while the uterus was dilated, and version performed. For twenty-four hours after delivery no pulse was felt in the left arm. She felt quite well for several days following delivery; her condition as far as labor was concerned was normal. On the ninth day she developt markt loss of compensation and died suddenly.

I may be more fortunate than some others, but I do believe that the oracles which I have consulted are enuf of good common sense to not infect the mother, nor interfere unless necessary, and just a little wisdom in knowing what radical methods to use for the good of both mother and child, but always remembering that the mother has first place in our thoughts.

FREDERICK A. RHODES, M.D.

Pittsburg, Pa.

How I Have Gotten Along in a Small Town in Arkansas.

EDITOR MEDICAL WORLD:—Reading the communication from Dr. R. C. Peare, in May WORLD, page 197, prompts me to write of "how I have gotten along in a small town." I began the practise of medicin about nine years ago. Have been engaged in general practise ever since, and find it very hard work on a man. I was in debt $1,000 when I commenced. Had to borrow money to go to school, to buy a horse, etc. Workt hard and lived hard five or six years to get even.

Two years ago I decided to go from the country to a small railroad town and commence a specialty of some kind, so I would not have to do so much riding at night and in disagreeable weather. Believing rectal work to be the most neglected by the gen-

Digitized by Google

eral practician, and the rectum subject to the most tormenting conditions that man is heir to, I thought probably I could get more work of that kind than any other, by using hypodermic and other nonoperativ methods. So I took up rectal work as a specialty. However, I do quite a good deal of general practise yet, and have, considering my location being in a little town of about 100 population, done well. I have saved enuf money to buy 220 acres of land, and have in cultivation at present 30 acres, and 40 acres in pasture. Am trying to make all my feed and everything to eat that I can at home; and by having a pasture, can take yearlings, pigs, etc., on accounts and soon turn them into money at a nice profit.

Since reading so much in THE WORLD in regard to investments, I think land is best of all. The price of land here is from $3 to $10 per acre, and we can produce anything that will grow in this climate. I am really getting interested in farming. It makes home more pleasant for my good wife and two little girls.

Lawson, Ark. DANIEL MCCALL.

Periodical Inebriety.

EDITOR MEDICAL WORLD:—If "Missouri Doctor's Wife," who askt for a cure on page 165 has not yet found the help she desires, she will probably get excellent results from nux vomica. Probably the best plan is to procure a dram vial of pellets, size No. 30, medicated with nux vomica, thirtieth centessimal potency; one pellet each night at bedtime for three successiv nights unless the craving ceases sooner. When the craving ceases, stop giving the medicin till it returns, then repeat for two or three nights as before.

Should this fail, it is likely that some other potency of the medicin is needed, or that some other remedy is indicated.

In order to tell what remedy is indicated, more complete details of the patient's temperament and individual symptoms are necessary before an exact prescription can be given.

The above remedy can be procured of Boericke & Tafel, 44 East Madison Street, Chicago, Ill.

If she writes me I shall give specific directions for the case.

On pages 206 and 207, May number, Dr. Junkermann gives some timely and correct statements regarding the homeopathic prescription. The agent that can produce a set of symptoms like the symptoms your patient has, if given in proper dose, is the remedy for that patient without any regard to the pathological name of his ailment. I am glad THE WORLD publishes some of the good things homeopathy has done.

Falun, Kan. J. S. WATT, M.D.

Painful Ankle.

EDITOR MEDICAL WORLD:—Dr. Depew, of Jonesboro, Tenn., makes inquiry about a painful ankle (in June WORLD). The first thing I would do in such a case would be to examin the foot. A weakened arch may be at the bottom of the trouble. If so, an arch supporter would cure it. I have relieved numerous lame ankles, lame knees, and backaches, by giving the arch of the foot proper support.

GEO. M. OCKFORD, M.D.

Ridgewood, N. J.

Care of Rubber Goods.

MEDICAL WORLD:—In answer to inquiry by the Georgia brother, on page 260, June WORLD, will offer to him, also to all WORLD readers interested: I had trouble in preserving my obstetric pad, stomach tube, catheters and tubing for stethoscope. But since I have been immersing them in dilute ammonia water, 10 to 12 hours each two months, I find the rubber as good as new, and not easily broken, as old goods. Give this a trial. M. M. PALMER.

Elmora, Pa.

"Grass of Parnassus" for Canker of Mouth.

MEDICAL WORLD:—For some time I have used a simple herb for what is termed canker of the mouth and stomach. It is the stem and flower of the grass of Parnassus, and can be obtained at herbal drug stores. It grows or can be found on mowing lots where good quality of hay is cut, but on a very wet or damp soil. It quickly grows or springs up, and is found after the first crop of grass is cut in these northern states. It has a white five-leaved flower (size of an old-fashioned three-cent bit). Stem is from six inches to a foot long; oval leaves spread out on the ground beneath. The leaves are not used—only the stem. Look for it on a wet upland mowing lot in July. Steep and use *ad libitum* as a wash or a drink. Its medicinal use was made known to me by an old "granny," and not from books.

DR. W. H. JUDSON,
Office of Board of Health

Danielson, Conn.

Digitized by Google

The Treatment of Hernia.—The Injection Method Reaches a Larger Number of Cases Than the Cutting Method.

EDITOR MEDICAL WORLD:—After reading an article by a well-known surgeon condemning the injection method for the cure of hernia, I feel that my own impressions on this subject, after considerable experience, might help to an understanding of its proper status. For fifteen years the writer has given much attention to the treatment of hernia, using either the surgical operation, the injection method, a truss, or a combination of the latter two, as seemed best suited to the case. The modified Bassini operation carefully and thoroly done, gives almost ideal results. It is not to be clast among dangerous operations, and the percentage of permanent cures is large—over 90 per cent. The tendency of late has been to shorten the time of confinement after operation, so that the loss of time is not now such a formidable objection. Looking over the record of twenty of my own cases done by the cutting operation for radical cure during the last year, I find three were discharged from the hospital on the thirteenth day after operation, ten on the fourteenth day, two on the sixteenth day, one on the seventeenth day, three on the twentieth, and one on the twenty-first day. This last case had his seventy-ninth birthday while in the hospital, and was detained longer than usual on account of his age. Considering then the little danger, the short confinement, and the good results, this would be the method of choice. But alas! how few of all the hernia cases that apply for examination and advice are willing to submit to this method of cure. Outside of the dread of the anesthetic and the knife, and the popular prejudice against the hospital, there is the everlasting necessity for the breadwinner to work every day, or run hopelessly behind with his expenses; and nothing short of the fear of death will convince the average man that he can spare a few weeks to get cured of his hernia. It is then apparent that if any considerable number of the thousands who suffer with hernia are to be cured, it must be by a method which requires no sacrifice of time, which entails little or no suffering, and eliminates the use of the knife.

For a large percentage of cases, the much-abused and little understood "injection" method fills these demands. The popular notion among physicians is that this is an obscure and obsolete method, used years ago in a vain endeavor to "pucker up" the broken parts by injecting astringents into the hernial region. The facts are that the injection treatment as now used by competent physicians and surgeons contemplates:

First.—Exact and intelligent fitting of a *proper* truss, so as to keep the abdominal viscera at all times *entirely* within the abdominal cavity; a condition rarely attained by the ordinary method of applying the truss.

Second. — The introduction, hypodermically, at various stages of the process and with full antiseptic precautions, of an aseptic irritant into the hernial region.

Third.—The watchful care of the whole process, so that the frequency and dose of the injections and the pressure and shaping of the truss may be regulated to the conditions attained by each successiv step in the work of repair. Thus, failure in any one detail defeats the whole purpose; while exact and careful work is rewarded by very satisfactory results.

There are many different formulas, as publisht from time to time in the medical journals, but they are all used for the purpose of stimulating the formation of fibrous tissue about the internal ring and in the inguinal canal, which under pressure of the truss forms strong adhesions preventing the descent of the hernia. How very dense and strong these adhesions are any surgeon who has operated on one of these cases after attempted cure by injection, will testify. In fact, this has been urged by surgeons as one objection to the treatment: that if the patient at last has to come to the knife, the difficulty of separating the different structures of the inguinal region is much increast.

There is little or no loss of time (the injections being given once a week), and little more hurt than caused by an ordinary hypodermic injection. Personally, the writer has injected the hernial region over 5,000 times in men, women, and children ranging in age from four months to 87 years, and can say that this method of cure has a wide range of usefulness in the treatment of hernia. But the success of the method depends largely upon the operator's ability to properly fit a truss. "Aye, there's the rub!" It is truly wonderful with what enduring patience the ruptured public continues to wear trusses, patented, manufactured, and fitted by men who never had the proper conception of the service a truss should give.

Digitized by Google

I am sure that nine out of ten of the ruptured patients who come to me for the first time are wearing trusses fitted to make pressure at, or even far below, the external ring, no matter whether it is a small epiplocele just showing at the internal ring, or an old scrotal case. With a truss so fitted, a recent hernia will become worse and the opening grow larger, as the pressure does not close the internal ring—a vital defect in truss fitting.

To attempt to cure by injection with a truss so poorly fitted that the hernia is continually pressing into the inguinal canal at every unusual increase of intra-abdominal pressure is to invite certain failure; while with a *springless* truss (a rigid truss which all manufacturers supply, made of heavy wire instead of the flat spring), fitted so as to keep the inguinal ring constantly closed, and worn night and day while the injections are given, 75 per cent. of all cases may be cured and most of the others benefited. I think that my experience has been that twenty cases are willing to take a treatment which does not entail loss of time, where one will undergo the surgical operation; and while there are more recurrences than after the surgical method; yet a large class of cases may be reacht and cured which could not by any persuasion be brought to the surgical table.

I believe the chief source of failure with the injection method, in otherwise suitable cases, is because we have no way of depositing the irritant *inside* the irreducible *sac,* but have to be content to deposit it *outside* and around the neck at the internal ring.

Could we by a sure method get adhesion of the walls of the sac at the internal ring, in addition to the dense adhesions which may be built up in the inguinal canal, the percentage of permanent cures would strongly rival the results of the surgical method, and reach a much larger class of cases.

I purposely avoided giving formulas of injection fluids in the above, as I believe any aseptic irritant will do. Personally, I am using the following formula, of which I inject about ten minims, one a week.

℞

Lloyd's specific tr. calendula	2 parts
Glycerin	1 part
Carbolic acid	2 parts
Distilled water	1 part

Mix.

Wilmington, Del. B. R. VEASEY.

Prescriptions in Latin.

EDITOR MEDICAL WORLD:—I notice that prescriptions publisht in THE WORLD are, almost invariably, in common terms. Why not use the correct Latin thruout? Take for instance, prescription page 204, May WORLD. How much better in every way it would be if the names of the ingredients were in the Latin genitive. Why use obsolete terms like carbolic acid (phenol)? What do we think of a practician who sends out a prescription incorrectly written? My drug-store experience has led me to believe that you can gauge a physician pretty closely by what he writes. Twenty-five per cent., at least, prescribe proprietaries of which they know little, but probably have read the exaggerated claims. Why do they do it? Simply because it is easier than to study the materia medica and exhibit definit *standard* drugs.

It is just as easy to write hydrargyri chloridi mitis as it is to write calomel; besides we often do not wish our patients to know what they are taking. Always use the terms hexamethylenamin, sulphonethylmethanum, etc., instead of urotropin (formin, cystogen, aminoform), and trional. Can almost hear some one say, "Oh, what rot!" Maybe so, but when a doctor gets so careless and negligent that he cannot keep up to date, let him get out of the profession. If the committee on revision of the U. S. P. find it necessary to employ such names, we are bound to use them.

Is it to be wondered why old practicians make 30 per cent. of failures compared with 15.4 per cent. of recent graduates (see State Board Statistics for 1909, *Jour. A. M. A.*, page 1733), or why the old doctor is replaced?

Doctors, if they continue prescribing pharmaceuticals in lay terms, are largely responsible for patients' patronage of drug stores.

Many patients have imaginary idiosyncrasies for certain drugs, when the same are absolutely indicated. It is for such cases that the Latin is invaluable. Again, we know not where our prescriptions may go, and my plea is for absolute accuracy, of which we need never be ashamed and which insures correct filling anywhere.

For the good of a just cause, I believe our worthy Editor will be willing to assume the responsibility of a rigid censorship of all prescriptions to be printed in THE MEDICAL WORLD.

Digitized by Google

I came here from Indiana, where dispensing is the rule. In the west, 90 per cent. of the doctors prescribe. I do both, but mostly prescribe. Never send any of my cases of private diseases to the drug store, for I find it poor policy. How easy it is for Smith to hand Jones a prescription for gonorrhea that gave him excellent results! As a pharmacist, I saw the folly of such a procedure. Have filled the same prescription for a dozen or more different parties, and usually they demanded a copy. See the endless chain! Am interested in a drug store but, nevertheless, am not heedless of my own welfare. One can usually give something from the office, making it imperativ for the patient to return if further treatment is necessary.

We have a county medical society and meet regularly. Most of the members belong to the A. M. A., and are observant of its ethics. We have a territorial schedule of prices and harmony prevails.

Estancia, N. M. W. E. SUNDERLAND.

[THE WORLD does not circulate among the laity, being restricted to the medical profession. We print prescriptions in English because there are physicians, and capable ones, who are without a good working knowledge of the Latin language. Such men would be inconvenienced by having to refer to a book before being able to assimilate the knowledge we wish to convey. It may be news to you to learn that many physicians practising to-day have never seen the inside of a college or a medical school, and yet we know such men who would shame many college and university graduates if they matcht their wits, diagnostic acumen, or therapeutic ability in a contest with them. All the arguments are in favor of our custom, and this is why we have adopted it. At the same time, when one writes a prescription, such prescription should be written in the best Latin of which he is master. A physician unfortunate enuf to have no knowledge of Latin would much better write his prescription in English than to betray his illiteracy by the erroneous use of Latin. Ability to write a prescription correctly in Latin does not always constitute any certainty that such a physician possesses any brilliant ability in diagnosis or therapeutic skill. We are far from decrying or belittling a complete education, but we sympathize with those deprived of it, and have respect for many such.

Old practicians, failing before state examining boards, frequently do so because of lack of theoretical knowledge which would never be of service in treatment of the sick. Many such men, so failing, are more capable physicians at the bedside than are those who are "long" on histology, bacteriology, etc., but short on experience.—ED.]

Correction on Quantity of Saccharin Used in Disguising Epsom Salts.

EDITOR MEDICAL WORLD:—On page 244, June number, in disguising Epsom salts by adding 5 to 10 grams of saccharin, and 10 to 20 drops of spirits of peppermint, tc each ounce of the salts, if you look again you will see that instead of 5 to 10 grams, I wrote 5 to 10 *grains*, which is plenty; while if it were grams it would be about fifteen times more than is needed.

Durham, Ark. DR. G. W. CARTER.

The Cold Sound in Enuresis.—A Satisfactory Dressing for Minor Surgery.

EDITOR MEDICAL WORLD:—Some time in December I wrote you regarding a case of enuresis, and it appeared in the January WORLD under that heading. Shortly afterward I began to receive letters from physicians all over the country, giving me advice in regard to the case, in the hope that it might effect a cure. Some of these letters I answered, but some I did not, and I take this opportunity to thank the men who so courteously tried to help me with the case.

Dr. F. B. Forrest, of Bellwood, Pa., recommended 10 to 15 gtt. of tinct. equisetum hyen, in water t. i. d., and also a pill containing

Ext. nux	1-24 gr.
Ext. belladonna	1-24 gr.
Ext. ergot	¼ gr.
Iodid iron	¼ gr.

One or two tablets every three hours.

Dr. H. H. McClaran, of Toledo, Ohio, recommended lithia sorghum comp., teaspoonful doses t. i. d., with dietetic precautions.

Dr. James J. Rose, of Marshall, Ill., advised circumcision, even admitting that the condition of the organ and prepuce did not seem to demand it, saying with truth that the parts were richly endowed with nerve terminals, and that often the shock to the bladder was sufficient to effect a cure.

Dr. J. P. Riddle, of Hastings, Neb., suggested an examination of the eyes and correction of errors in refraction or astigma-

Digitized by Google

tism, if any existed. I also got a communication from an agent of the Havard Holt Co., of Cedar Rapids, Ia., booming a preparation of theirs called elix. salix nigra comp., which he was sure would help. I wrote them asking for its composition and ordered a bottle. It came, but they ignored my request for its formula and I wrote again for it but received no satisfaction, only another pint bottle of the preparation. I do not believe in using "proprietaries" nor any kind of medication the composition of which is unknown to me; however, in this instance I acted against my better judgment and gave it according to directions, with absolutely no result. He took the two pints, so that if it had merit, it should have made itself apparent.

I used the remedies suggested by our brethren as above; I had his eyes examined by a competent oculist, who found about 2 degrees of myopic astigmatism, and corrected it; I circumcised him, and *still* his trouble persisted. An old professor of mine once said in lecturing to the class on the proper way to handle babies who were suffering with cholera infantum, "never get to the end of your string." This is good advice and I have always remembered it. Certainly in this case it stood me in good stead, but the parents still retained confidence in me and that helpt a lot. Finally I cocainized the urethra and began passing cold sounds, beginning with a No. 16 and gradually working up to No. 25 French. The first treatment did no good, so next time I omitted the cocain, and workt carefully up to a No. 23. No strictures were encountered and the sounds passed easily, but caused severe pain; that night for the first time since birth, he slept in a dry bed. He had no return of his trouble for almost a week, and then it returned, so I again passed the sounds up to a No. 25, and his ailment ceast as before, this time for nearly two weeks. Unfortunately his father's business demanded a change of residence and during this second period of quiescence they moved to another state, and shortly afterward he was back in his old condition, apparently with no improvement. This summer the mother plans on coming back to have her perineum repaired (I never confined her) and will bring the boy with her, so that I may have another chance at him.

I have handled many cases of enuresis before and since, but this has kept me on my mettle from the tap of the gong; more anon if occasion offers.

This is almost lengthy enuf, but one more thought and I am thru. This is a sawmill town, and we get a great many cases of injured hands and fingers, cut, mashed and sawed. Almost always some one with the brain the size of a mosquito's, plasters it up with a wad of snuff, tobacco, cobwebs, etc., to stop the bleeding, and then the patient comes to us. Naturally the wound is infected, and regardless of careful and thoro irrigation the infection is sure to remain so, hence we cannot sew up tight but must leave drainage. In about three to five days the pus commences to run, and often continues for three to four weeks. You have a wound healing nicely for two or three inches, with a raw area at one end or the middle discharging slightly. Not very much, but enuf to cause trouble. I have tried wet dressings covered with rubber, and they do well but keep the rest of the cut soft and prevent the formation of a good clean dry scab. I have cauterized the granulating surfaces with carbolic acid, carbolic acid and thymol, equal parts in alcohol, silver nitrate, etc., and drest dry, but the next day the gauze was stuck to the edges of the wound and contained a pocket of pus underneath. This is painful to remove and keeps pulling off the scab from the healthy part of wound. Lately I have cleaned out the pocket thoroly, and applied a small piece of gauze folded in four to six thicknesses, just a little larger than the raw spot, and this I have soakt in a mixture containing equal parts of glycerin and peroxid of hydrogen, with enuf carbolic acid added to make the whole a 1 to 2 per cent. solution. Cover the dry part of wound with steril cotton, and the whole dressing with sheet rubber (get it from your dentist and boil it) and bandage securely. Next time you dress it, the cotton will drop off of course, and the gauze pad will lie on the wound loose, permeated with the pus and the wound itself will look clean with the edges coming in nicely. This is a long "thought" for such a little thing, but it is the little things that are neglected in the text books, and that help a man so much with his patients. After a while I will come back with a short one in response to inquiry as to income the first years of practise, etc.

Cloquet, Minn. ALEX BARCLAY, M.D.

Digitized by Google

Pellagra.

EDITOR MEDICAL WORLD:—Inclosed find a report of three cases which I have diagnosed as pellagra; and as it seems to be quite new to most of us, I thought it might interest many and also perhaps some of the family could improve on my line of treatment.

Having had to treat three patients suffering from what I consider to be pellagra, altho not diagnosing the first till after death, and not sure as to the diagnosis of either one of them, and being unable to find much information on diagnosis and treatment of the disease, I make as my excuse for reporting these three cases. I hope that some one will write a lengthy article on the subject.

Case 1. Mrs. G., white, age 37, married, mother of 5 children, youngest 3 years old, still nursing. Very poor, all living in one 16-foot log cabin with cracks that you could throw a cat thru. They lived very frugally. Ate corn bread almost exclusivly, and were very filthy.

Family history good, except mother died of tuberculosis. She had enjoyed good health all her life, except an occasional attack of bronchial asthma from childhood. I saw her the first of last June, complaining of burning and itching of the dorsal surface of both hands and forearms. They were red, scaly, dry and crackt at the joints. She said it had been getting that way for a month, starting like a sunburn. In July hands got worse, feet became affected like hands on dorsal surface. (She went barefoot.) Developt ptyalism; stomatitis with nausea and vomiting; chronic diarrhea, which amounted to four or five loose actions in 24 hours; no mucus or blood; scanty urin, high color, acid and neutral in reaction, sp. gr. 1030; no albumin, to a trace; no sugar; but a quantity of phosfate; cystitis; and amenorrhea, which had existed since baby was born. She had a sensation as if hot steam was passing from genitals. No leucorrhea, and genitals were normal, except a slight retroversion. She became melancholic and thought she had cancer of the uterus and consumption, and every other thing that she could think of. She became emaciated, and complained of general weakness. In August she was about the same as in July. In September, hands improved, ptyalism and stomatitis got well; other symptoms continued and weakness increast. In October, hands and feet got well. In November and December diarrhea, kidney and bladder trouble, with the sensation of hot steam from genitals, melancholia, emaciation, and general weakness increast, altho she menstruated normally in December. Till this time her temperature had been 99°, morning and night, except a few times when it was 99⅘ in the evening. The first of January she had an attack of asthma and developt a paresis. She could only move her toes and the sense of feeling was diminisht and delayed. She had a high fever, 103° to 104°, was delirious, resembling typhoid, passed urin and feces involuntarily, bed sores developt on back, and death closed the scene January 18th. Treatment (1) symptomatic, and (2) general tonics.

(1) For the erythema, directed her to keep out of the sun, use the best of soap, and wash hands only enuf to keep clean. As an ointment to be applied freely three times a day I used the following:

Acid, salicylic	℥ j-ij
Acid, boric	℥ j
Acid, carbolic	gr. xx
Starch	℥ j-ij
Zinc oxid	℥ j-ij
Lanolin	℥ ij
Vaseline, q. s.	℥ iv

M.

This seemed to relieve the erythema, tho the improvement might have been due to the coming of cool weather. For the salivation, I used chlorate of potassium, which seemed to do good. For the diarrhea, I used bismuth subnitrate and intestinal antiseptics without any result. For cystitis, I used elixir of saw palmetto and santal wood compound, and urotropin in 7 to 10-grain doses, three times a day, with temporary improvement. For amenorrhea I gave a capsule of the following after each meal:

Manganese dioxid	gr. v
Copperas	gr. iij
Nux vomica, powd.	gr. ss
Quinin sulfate	gr. j

This did not give any result. For scanty urin, I gave

Citrate of potassium	gr. x
Sweet spirits of niter	m. xv
Aqua, q. s.	℥ j

after each meal, with no result.

(2) General tonics: I gave her compound syrup of hypophosfites, elixir of iron peptomanganate and Fowler's sol., all without any result as far as I could see. I advised her to wean her baby, which she did. Also to exclude corn from her diet, which

Digitized by Google

she would not do, saying that wheat bread disagreed with her stomach.

Case 2. Mrs. B., white, age 27, married, mother of four children, youngest 14 months old. Very poor, but have plenty to eat, using flour and bolted meal of good quality (?) shipt from the north, which she says often becomes musty. She is of cleanly habits and very industrious. She came under my care in April, giving the following symptoms: ptyalism, nausea and vomiting; mouth and tongue very red and denuded of its epithelium. Dorsum of hands and forearms erythematous and covered with dry scales and cracks at the joints, which burnt, itched and tingled, and these symptoms became aggravated each time she washt. Last time pustules formed under crusts; skin muddy. Good appetite, but can't eat good on account of the condition of mouth. Amenorrhea is present. Says she has always had very good health, except a burning and soreness in mouth and throat each summer for four years, and a slight erythema and roughness of hands. Last summer, under treatment, her mouth and hands improved and the latter were nearly well until she washt and then they got as bad as ever, or worse, as pustules formed under crusts. She developt a diarrhea the first of May, which has continued now for three weeks; bowels act four or five times a day; has some griping and tenesmus; passes mucus and some blood; feels weak and is very melancholic. One erythematous patch developt on neck May 15th.

Treatment: Stopt all foods made from corn, stopt washing, kept out of the sun, did as little work as possible. Chlorate of potassium for mouth, with partial relief; same ointment for hands as No. 1, with good results, till she washt. As a general tonic, Fowler's solution in increasing doses. As she has been under treatment for only a month, can't say how case will result.

Case 3. Mrs. B. No. 2, sister to Case No. 2 (Nos. 2 and 3 married brothers), white, age 24; mother of three children, youngest 6 months old. Very weakly, had chronic pulmonary tuberculosis for two years. Very poor, but are of cleanly habits and very industrious, have plenty to eat and use mostly wheat bread and what corn they use is of a good quality and well matured. In April she developt a severe case of ptyalism; mouth very sore and red, and denuded of epithelium. Good appetite, but could not eat much on account of mouth. Bowels act four or five times in twenty-four hours, griped quite a lot; occasionally passes blood and mucus. Hands and lower part of forearms on dorsal side covered with a slight erythema and slight ruffness with a few cracks at joints, with a burning and tingling sensation and slight itching. Hands become worse each time she washes. Skin muddy and general weakness. All symptoms have improved except diarrhea and weakness.

Treatment: until the last few days, has been antitubercular, with listerine for mouth, and the ointment used in cases 1 and 2 for the hands. To-day, May 24th, I got her to exclude corn from her food, and advised her to stay out of the sun, and quit washing, and gave her Fowler's solution as a tonic.

B. W. WILLIAMS, M.D.

Red Sulphur Springs, Tenn.

[We think there is no question whatever about the correctness of your diagnosis, and we have no criticism to make on your treatment. Arsenic, in large doses, is a recognized form of treatment in pellagra. Quinin and strychnin are also serviceable. Oily applications or ointments containing cocain, carbolic acid, salicylic acid, or chloral, will aid in overcoming the intolerable itching and burning.

The works on treatment now being publisht contain considerable information on the diagnosis and treatment of pellagra. If you have no recent works, you should secure some, as pellagra has swept our southern section like a storm, and you will doubtless meet many cases in future.—ED.]

Oil Citronella to Banish Mosquitoes.

EDITOR MEDICAL WORLD:—On page 261, June WORLD, I notice a request for a formula to banish mosquitoes. I would advise L. Goshorn to try this simple remedy, namely, oil citronella. Apply to window screens by a spray, and at night, especially, apply a few drops on body, hands, cheeks, feet, and I guarantee there will be no trouble from mosquito bites. I think more favorably of this than any paste, or ointment. The odor may be disagreeable to some persons, but to very few, if any.

Hanover, Pa. C. E. BORTNER, M.D.

MEDICAL WORLD:—Would like to hear from physicians who have had experience with twin cylinder and single cylinder motorcycles in our work. W. F. MCCARTHY, M.D.

Dumont, Minn.

[Write directly to the Doctor.—ED.]

Digitized by Google

Symptomatic Treatment.

EDITOR MEDICAL WORLD:—The general unscientific conception of therapeusis implies at least the conception of a specific for particular diseases, and the conception entirely too common that self-limitation of a disease is an absolute law. This generally accepted belief as to self-limitation ignores certain absolutely determined principles of etiology such as show that the disease is the result of three factors. It is at once the product of the determining cause of the condition of the patient at the time that the cause is applied, and of the general condition of the patient dependent on his congenital constitution. The existence of which conditions varying from the diseased type occurring, indicates that there are factors which interfere with the self-limitation of diseases, and with the manifestations of such diseases.

There are walking cases of typhoid, of pneumonia, of smallpox or scarlet fever, which indicate that the vitality of the patient is not affected to the degree it should be by the ordinary conception of self-limited conditions. Indeed, this constitutional factor plays a part in the results of cardiac conditions, including wounds. The question in the cardiac states is not the existence of the given lesion or even its extent, but the degree of compensation. The older conception that heart wounds were absolutely fatal was proven seventy years ago entirely erroneous. Indeed, to-day, no surgeon would accept it, since 40 per cent. of the cases of heart suture are successful.

The therapeutic problem in these diseases, therefore, which are called the opprobrium of therapeusis, is to determin whether conditions which produce modified constitutional symptoms are to be obtained by medicinal agencies. The elements which may be affected are the course of the disease and the general constitutional vitality and the constitutional vitality of the patient at the time of the attack. These factors may be affected by symptom remedies applied to conditions produced by the diseases which tend to reduce the congenital and acquired vitality. In certain cases, fever is a factor which tends to reduce the general strength and to exhaust the patient. Reduction of the fever, therefore, implies the reduction of a factor which is sapping the vitality and decreasing the patient's resistance to disease. Reduction of the fever, therefore, is a problem in such cases to be studied therapeutically.

The temperature of the body depends upon a complicated mechanism which is at once thermostatic, thermo-inhibitory, and thermo-excitory. Rise of temperature, therefore, may obtain on exhaustion of the thermo-inhibitory and the thermostatic centres, and not upon stimulation of the thermo-excitory centres. Here, a totally different class of agents is indicated from those needed where the thermo-excitory functions are increased.

As increast tone given to the circulation and the heart benefits this class of cases, agents increasing cardiac tone are indicated. The reverse is the case where thermo-excitory functions are involved. In these last cases, venesection and even the coal-tar synthetics are indicated.

The influence of cold sponging, thru its action upon the skin, is peculiarly beneficial in the first type of cases, as was pointed out a century ago by Thatcher in his Dispensatory. The fever, moreover, may be an expression of general nervous agitation. Here the coal-tar synthetics often prove valuable without depressing the heart. Theocin, the diuretic antipyretic, for this reason often plays a peculiarly beneficial part.

As general nervous agitation in the fevers is connected with insomnia of the coma vigil type, hypnotics are peculiarly indicated, since the fever, nervous irritation and the insomnia work in a vicious circle to exhaust the nervous vitality. Indeed, until insomnia is conquered, it is useless to expect a relief of the other symptoms. In these cases the kidneys, which are under a tremendous strain from nerve waste, need attention. To the neglect of these, the most objectionable results of hypnotics are due.

Hypnotics given to secure rest at a certain time when the nervous system is weak, particularly when they do not interfere with the renal elimination, act excellently on the agencies which are sapping the general vitality in these cases. As usually given, however, they are deleterious. Opium is objectionable for many reasons, as likewise are chloral hydrate, paraldehyde, chloretone, etc. Since sulfonal, veronal, trional, tetranal, etc., all produce an alterativ effect on the blood, causing hematophophenuria, which indicates renal strain, they are likewise contraindicated when given alone. Here

Digitized by Google

they should be employed in combination with hyoscin, coniin, duboisin, and the opium alkaloids, so as to prevent the alterativ action on the blood and the renal strain.

The employment, therefore, of symptom remedies to produce constitutional results, and to produce likewise an aborted type of so-called limited diseases, is a logical procedure. Disease is not treated, but its effects on the system are so managed as to secure proper vitality. These are the exceptions under which pneumonia was formerly treated in many instances with with greater success than at present since the self-limited conception has obtained. What is true of pneumonia is likewise true of typhoid fever, where the great indication is to prevent sapping of vitality. That typhoid fever is aborted, no one who has had extended experience with atypical cases can doubt. Study of these cases reveals the fact that they are produced by certain factors which therapeusis can mimic to a greater or lesser degree. The diseases, however, must be studied from the standpoint of its effects on the given constitution, and not from the generic conception of typhoid fever.

The autotoxic states come peculiarly under the same category, for the symptoms from the effect of the cause on the constitution attack and the indications from treatment vary with the effects produced on the general constitution. Here the great aim is to secure proper elimination without strain on the eliminatory organs. These autotoxic states mimic almost every type of disorder, not excluding those due to the bacterial toxins.

A larger number of recoveries in alleged bacterial disorders have often occurred by the proper treatment of this class of cases in which many clinical symptoms mimic those of bacterial origin. Scientific therapeusis, therefore, implies a proper study of both direct and untoward effects of drugs correlated with a study of the symptoms presented by a given case. Neglect to observe carefully the conditions underlying atypical cases is due to the belief in the absoluteness of the course of self-limited diseases.

The fact that variation of the culture medium implies change in the virulence of a given germ should have shockt this alleged law to its foundation, since it no longer explained the facts nor did it exclude other explanations as unscientific proof should. The fact that symptom remedies have been decried in the treatment of disease (another very popular medical error) arises from the unscientific conception that treatment of symptoms has no effect whatever on the constitution of the patient, and hence on the progress of disease. The fact that symptoms, at the very least, may exhaust general vitality upon which the chances of recovery depend, have not been taken into consideration to the degree that they should be in the ordinary conceptions of therapeusis. Strictly speaking, the older conception that the physician does not cure diseases, but guides the patient to recovery, is the essential basis of scientific therapeusis.

G. F. BUTLER, M.D.

Professor and Head of the Department of Therapeutics, and Professor of Preventiv and Clinical Medicin, Chicago College of Medicin and Surgery.

Wilmette, Ill.

Enlarged Tonsils.—Possibilities of Non-Operativ Treatment.

EDITOR MEDICAL WORLD:—At the present period of medical evolution, it is undoubtedly the practise among the better class of practicians to treat chronically enlarged tonsils by removal.

The present article is an endeavor to point out some of the well-known causes for this condition, and to supply some non-operativ remedies as simple as they are effectiv. These remedies will not apply to all cases. But the class of cases to which the remedies are suitable is sufficiently large to warrant the effort to avoid a major operation by their employment, whenever feasible or suitable.

The discussion may properly be groupt under several heads:

1. Descriptiv anatomy of the tonsil and its environment.
2. Discussion of the normal office or use of the tonsils (if they have any).
3. Common theories as to causes of enlarged tonsils.
4. Calling attention to certain physiologic or pathologic causes which are too frequently overlookt.
5. Methods of operation in use at present time:
   - (*a.*) Technic.
   - (*b.*) Dangers.
   - (*c.*) The proper method of operation is a major operation, not a minor one as generally understood.

Digitized by Google

6. Two methods of treatment which are simple and are generally overlookt:
   (*a.*) Mechanical treatment.
   (*b.*) Hygienic measures:
      (1.) Diet.
      (2.) Bathing.
      (3.) Exercise.

Anatomical Considerations.—The tonsils are situated within the portal of entry into the body. Constructed of adenoid tissue, the faucial tonsils lie one on each side of the base of the tongue, bounded in front by the anterior pillar of the fauces (the palato-glossus muscle), and behind by the posterior pillar of the fauces (palato-pharyngeus muscle). These pillars come together above, forming a triangular space of greater or lesser extent, above the tonsil, called the supratonsillar fossa.

In early fetal life the anterior pillar extends backward so as to cover the sinus tonsillaris. Even in later life the border of the anterior pillar may still extend backward, covering the tonsil more or less completely. This fold of membrane is known as the "plica tonsillaris," or "plica triangularis." This fold may cover or constrict the tonsil in its upper or lower portion, sometimes leaving only a small portion exposed.

The tonsil has a covering or *capsule* of thick connectiv tissue which surrounds it upon the outer side and (with some additional connectiv tissue) separates the gland from the superior constrictor muscle of the pharynx.

A glance at the tonsil will show that its surface is covered with various depressions or holes. These are the mouths of twelve or fifteen *crypts* or canals, which run back into the tonsil from the throat, some of them penetrating nearly to the capsule on the outer side of the tonsil. These crypts extend in different directions. The ones in the lower part of the tonsil extend downward and inward toward the throat and are usually empty. Those in the upper half of the tonsil extending upward and inward are longer, and are nearly always full of cheesy material.

When the palatal pillars meet closely above the tonsils or where adhesions have formed as the result of inflammation, the supratonsillar fossa may be so obstructed as to allow little drainage from the superior tonsillar crypts.

In this case the contraction of the palatal muscles and superior constrictor muscle of the pharynx, in the act of deglutition, instead of forcing the cheesy material out of the superior tonsillar crypts (as it does out of the inferior crypts), may force the material deeper into the crypts. This material soon becomes infected and begins to decay and furnishes a cause of irritation (and ultimately of inflammation) of the surrounding tissues.

The continual contact of this foul infected material weakens the resisting power of the columnar epithelial cells composing the lining membrane of the crypts, which is not as thick and does not possess as great resisting power as do the squamous layers of the mucous membrane which covers the surface of the tonsil which is exposed in the throat. This weakening of the tissues, the lowering of their resisting power against microbic infection, enables bacteria to gain an entrance to the body at this point and be carried by the lymphatic channels to other parts of the body.

Many cases of enlarged glands of the neck and of tuberculosis of the apices of the lungs have apparently been traced to tonsillar infection. It is even claimed by some that nearly all tubercular infection of the cervical glands or of the apices of the lungs originates from infection thru the adenoid tissue of the throat, more especially the faucial tonsils. There is no doubt that these glands are able to destroy bacteria thru phagocytosis, but there is also no doubt that their fighting power can be overcome until they can no longer resist bacterial invasion.

Among diseases which may arise from tonsillar infection are: Pericarditis, myocarditis, endocarditis, arthritis, chorea, neuritis, adenitis, glandular fever, nephritis, pleurisy, tuberculosis, iritis, phlebitis, osteomyelitis, many other septicemias caused by streptococcus or staphylococcus, Hodgkin's disease, and probably certain forms of leukemia.

Constant irritation or infection causes a hypertrophy of the tonsil which may extend upward and outward, pressing against the soft part of the Eustachian tube which lies just above and behind the tonsil. This interferes with the drainage from the middle ear, causes tubal irritation, tinnitus aurium, and may lead to permanent ear disease.

Some authorities claim that the majority of ear diseases are caused by adenoids and enlarged tonsils, that the conditions favorable to such ear diseases are in the majority of cases caused by mechanical obstructions of the Eustachian tube.

While the percentage differs in different

Digitized by Google

parts of the country, some 25 or 30 per cent. of the children have adenoids or enlarged tonsils.

Until very recently, say the last ten years, little or no attention was paid to the tonsils, especially in young children, unless they protruded beyond the pillars. But it has recently been recognized that non-protruding or "submerged tonsils" may be the cause of much trouble.

Now, submerged tonsils are often quite large, but this appears only when the patient gags, when they may bulge out so as to nearly touch in the middle, altho in repose the fauces may appear sufficiently roomy.

In the child, the tonsils are much larger in proportion to the faucial space than in the adult.

There is little doubt that even submerged tonsils may be quite obstructiv to nasal respiration, and thus favor the conditions both as to deafness and mental retardation, etc., which characterize the mouth breathers.

Authorities are pretty well agreed that the old plan of *partial* removal of the tonsils by means of the snare or tonsillotome or other instrument under local anesthesia only, is dangerous, and not only worthless but often leaves the patient in a worse condition than before operation. The contraction of the cicatricial surface of the tonsil is apt to close up or obstruct the crypts or follicles in the portion of tonsil undestroyed, and the foul infected material in the crypts, having no natural means of exit, can only cause inflammation of the tonsil, or an abscess, or spreading infection of one kind or another.

Instead of such an attempt at partial removal under a local anesthetic, it is now considered by many to need a hospital operation, with complete removal of the tonsil under general anesthesia.

As to the dangers and difficulties of operation, Pynchon (*Jour. A. M. A.*, Vol. L., No. 25, page 2050) says:

> Aside from the natural difficulty of operating in a deep cavity, the opening to which in a small child is none too large, and the depth of which seems to be intensified by the relaxation from the anesthesia, we have other difficulties to contend with:
>
> (*a.*) Operating in the channel of respiration, which must not be occluded by blood or otherwise.
>
> (*b.*) Occupying a field jointly with the anesthetist, who should always be given preference.
>
> (*c.*) Operating on a patient who may often be said to be (habitually) semi-asphyxiated from defectiv respiration whereby the blood has become overladen with carbon dioxid and under-oxygenated for possibly several years, therebv increasing both the difficulty and danger of the anesthesia.
>
> (*d.*) Operating in close proximity to important vessels, and at all times in a region rich in blood supply, necessitating a field more or less obscured by blood.
>
> (*e.*) Operating in a field, the nerves of which when irritated may by reflex action thru the pneumogastric unfavorably affect the heart's action.
>
> Hence the operator has both his mind and hands well occupied, apart from the constant attention to the action of both heart and lungs, which is required of him and the anesthetist jointly.
>
> In fact the difficulties in doing a tonsillectomy, under general anesthesia are far more numerous and perplexing than those which are met in doing, for example, an appendectomy; therefore, the importance of the tonsil operation should not be underestimated, as has so often been the case, for it can justly be clast among the major operations in surgery.

In addition to the foregoing, which represents the popular consensus of opinion among the throat specialists of the regular physicians in the United States, it may be well to give some opposing views.

Whereas most of our specialists regard the "physiologic function of the tonsil" as a negligible quantity, considering that it has no useful office, that on the other hand, it is a point thru which tuberculosis and other dangerous infections are likely to enter the body, I will quote a résumé of E. Barth (*Deutsche Medizinische Wochenschrift*, Berlin, XXXIII, No. 49, Dec. 5, 1907), as follows:

> Barth concludes his study of the anatomy and physiology of the tonsils with the statement that all the testimony seems to point to a current of lymph and secretion in the tonsils flowing outward—an emigrating stream of lymphocytes pouring forth. The germs found in the normal tonsils are on their way outward, he says, not from without inward. He considers the tonsils extremely important aids in the elimination of toxic substances and bacteria circulating in the body fluids. When the normal tonsil becomes inflamed, the probabilities are that the infection has arrived from the interior of the body; he cites several instances where this was beyond question, as also a number of experiments in this line. Consequently, he advises against removing the sound tonsils which serve such a useful purpose in elimination. Of course, if any of the tonsillar tissue becomes necrotic or if there is abscess formation, then the normal outward flow is arrested, and infection from without is liable. In this case it is wise to remove or cauterize the tonsils, as also when they are enlarged to such an extent as to interfere with breathing. Hypertrophy merely testifies to excessiv functioning if the tonsil is sound.—(*Abstract by Jour. A. M. A., Vol. L., No. 2, page 161.*)

Again, G. H. Wright (*Boston Med. and Surg. Jour.*, May 20, 1909, Abst. *Jour. A. M. A.*, Vol. LII, No. 23, page 1885) also

Digitized by Google

opposes the prevailing views given above, that the tonsils become infected from without (*i. e.,* from the throat), that thru them infection enters the system, and in conclusion offers the following observations:

1. When a tonsil is normal, infection from the external surface (meaning the surface exposed in the throat) is rare.
2. Secondary infection thru the lymph channels is the usual source.
3. There are four periods of molar eruptions, with some variations in time when the tonsils may enlarge, without infection or inflammation, viz., at two years, six years, twelve years, and seventeen years.
4. Tonsils, tho slightly enlarged, when not infected return to normal with complete eruption of the teeth.
5. Diseased teeth are a prolific source of enlargement of the glands thru proximity of the membranes, either directly, by infection, or by toxins.
6. In the treatment of the tonsils by the specialist, may we not include as a routine the observation as to carious teeth and a recognition of these four periods of eruption coincident with slight enlargement?

Having noted then the serious difficulties as well as the dangers attending removing of the tonsils, the doubt whether the tonsils are organs of usefulness or only dangerous and useless appendages, as many practicians think, we may perhaps with propriety inquire, what other methods of treatment besides removal are now employed for enlarged, diseased, or inflamed tonsils?

The answer must be that among the laity, neglect or at most simple gargles or sprays, comprise the treatment.

Among the general practicians or specialists, sprays may be used to a limited extent.

Among the better practicians, those who are thoroly up to date, who almost might be said to form a new school in comparison with the medical practise of the passing generation, and with whom attention to hygiene, fresh air, exercise, and diet is getting to be more and more common, there may be some recommendation made of fresh air for enlarged tonsils, but it has not been my fortune to know of this or other hygienic measures being recommended to any considerable degree.

On the contrary, I have been frequently appealed to by patients or the parents of patients to know if there was not any cure possible for enlarged tonsils except by removal, saying that their family physician and a throat specialist advised removal.

The following cases are representativ of a large class of cases that would doubtless be better without operation, under proper conditions. However, there is undoubtedly a considerable percentage of cases where either thru some anatomical defect, such as an unusually narrowed supratonsillar fossa, or a surviving plica-tonsillaris (which needs to be cut away so as to allow the tonsil to be exposed in the normal manner), or because of previous inflammatory processes where a portion of a tonsil may have become necrotic, and later on been replaced by scar tissue, which contracts, thus occluding in whole or in part the crypts—for one or many reasons, operation may be advisable.

Case I.—The father of a 6-year-old child came to me and stated that his child's tonsils were so enlarged that they seemed to meet in his throat. That his family physician had been watching the child and after sending him to a throat specialist, they both informed the family that there was no treatment possible except immediate removal.

Examination showed large hyperemic tonsils nearly touching each other. Digital examination failed to disclose adenoids. Teeth, two cavities, child rather pale, but well grown for his age.

Inquiry showed as follows:

1. *Diet.*—Breakfast: eggs and weak coffee (very sweet), oatmeal and cream with plenty of sugar. Lunch: meat, potatoes, preserves and desert, cookies, cake, pie, etc. Dinner: meat, potatoes, vegetables, cake and dessert. Considerable candy and sweets.
2. *Exercise.*—Played in house all day.
3. *Fresh Air.*—In house all day. In winter, windows were all closed during day, open in bedroom about one inch at night, except when weather was very cold, when they were closed entirely.

I advised waiting and delaying tonsil removal until we could observe the effect of hygiene and a change of habits.

I cut out coffee, allowed meat only once a day, cut out *all* sweets, and ordered child to be kept out of doors *all day* to play (it was February and rather cold) and windows wide open at night. A cool spray bath every morning, followed by a brisk friction rub with bare hands.

Three weeks thereafter the father came to me jubilant, saying the tonsils were now normal size, and could scarcely be seen. The child has had no further trouble with enlarged tonsils.

Case II.—Physician, male, 28 years of age, complained of "chronic rheumatic tonsillitis." Said he expected the tonsils would have to be removed. He had been to a number of the best specialists in his city and

Digitized by Google

they had sprayed his throat, but no permanent benefit resulted. I advised him when the next exacerbation occurred, to insert his index finger in his mouth, press it firmly against one tonsil and massage the tonsil gently. After withdrawing the finger, repeat with the other tonsil. To do this before, rather than immediately after a meal, as the gagging and excessiv flow of mucus might cause vomiting.

He followed directions and found immediate and permanent relief. No change was made in his diet.

The explanation of the immediate relief on pressure and massage, is that it emptied the crypts, and forced out foul, cheesy, infected material which was causing the inflammatory condition.

Case III.—Civil engineer, age 26. Case much like preceding one. Was hesitating about operation for fear his voice would be spoiled, and his deep bass tones change to a high soprano or tenor. I advised massage with the finger, and he also experienced immediate and permanent relief.

When we consider the foul odor of the breath which seems to be due to the retention of these cheesy masses in the crypts of the tonsil, which can usually be exprest by a little pressure with a probe, and which are sometimes expectorated, but generally swallowed (and when these little masses are comprest between the fingers their odor is indescribably offensiv), and that impaired taste and smell are frequent (due to involvement of the gustatory papillae and the terminal distribution of the olfactory nerve), it is evident that an autointoxication may be occurring which is much more serious and extensiv than generally supposed.

It may be that the constant absorption of these toxic products of decomposition which are carried by the lymphatics to neighboring structures, impairs their resisting power, thus opening the way for tubercular infection of the glands of the neck, the apices of the lungs, etc. Enlarged tonsils are quite commonly accompanied by adenoids.

Besides impairment in taste, smell, and hearing, there is poor appetite and the general nutrition of the body suffers, and the bodily growth may also be stunted.

Simple, chronic enlargement of the tonsils may give no symptoms except when exacerbations or acute attacks occur causing further (temporary) enlargement. Then obstruction to the breathing is immediate. This may result in mouth breathing which may become permanent if the tonsillar enlargement continues to interfere with nasal respiration. This is usually first noticed at night when the child is found to be breathing noisily with its mouth wide open and head thrown back. The sleep is disturbed and broken and wakefulness often occurs as the result of the attack of dyspnea, and of "night terrors."

As this condition continues we get the effects characteristic of adenoids: the countenance changes its expression, which becomes apathetic, staring, and vacant, with open mouth.

Then may occur stupidity, the child responding slowly to questions; sullenness, moroseness, bad temper, and mental failure. The nostrils contract, the upper jaw and lip project.

Later, we may have deformities of the chest, such as "chicken breast," "Harrison's groove," round or barrel chest (like that in asthmatic patients, and due likewise to the dyspnea), and funnel breast.

The nasal tones are altered with bad articulation of the letters *m* and *n*. The absence of a nasal discharge is quite common both in children and adults and is often misleading.

In addition to an almost constant "throat cough," there may result *habit chorea* and stuttering.

Susceptibility to "catching cold" and recurring attacks of follicular tonsillitis are common. The child is more susceptible to diphtheria and to the anginose form of malignant scarlet fever.

The habitual slowness of a child in noticing or answering when it is spoken to is frequently due to impaired hearing, and this as we have seen, may be a result of enlarged tonsils.

The constant swallowing of the toxic materials from the tonsils (which have already vitiated the secretions of the mouth and pharynx) may besides the general effect, have a direct influence upon the secretory activity of the gastrointestinal tract and cause a depraved condition, whose results will be far reaching.

Just as Wright has attempted to show the close lymphatic connection between the tonsils and the teeth, so there may be a direct relation between the tonsils and the salivary glands, whose secretions, if deranged, at once start a vicious circle at the beginning of the gastrointestinal tract.

In conclusion, let no one imagin that the author advises against operation. On the

Digitized by Google

contrary, there is a large class of cases in which neglect has doubtless rendered operation the only suitable procedure. But it would be well to scrutinize the case carefully, and use operation only when needed, and not operate in every case where the patient will consent, as some practicians seem to think necessary.

EDWARD H. BAKER, M.D.
5046 Spruce Street, Philadelphia.

Basedow's Disease.

[An extract from a lecture by Prof. Dr. Adolf von Strumpell at Hospital Weiner Koenig Kaiser Allgemeines Krankenhaus, Clinic Strumpell, reported for THE MEDICAL WORLD by Dr. Jacob M. Gershberg.].

The clinical symptomatology of Morbus Basedowii has been greatly extended in the last ten years. In so far as thoro knowledge concerning the actual origin of the disease is concerned, we are but at the beginning. While everything points to alteration in the thyroid gland, we are not yet in position to say what the real nature of the disease is, nor to define definitly the possible disturbances of other organs which may occur in connection with Morbus Basedowii.

The therapy of the present is uncertain in its action, and we are only in the stage of experimentation with the so-called "Morbus Serum." In careful examination of all serious cases, I have seldom, and perhaps never, noted true and real improvement, if the remedy did not actually prove to react unfavorably. In cases of improvement, while it is being used, we may perhaps attribute its success to the general hygienic treatment at the same time employed. The x-ray treatment, which I have repeatedly tried in the Breslau Clinic, for the cure of diseased thyroid glands, never yielded me any successful results. I must, however, confess that the observations communicated to us by Docent Dr. Halzknecht, do suggest the continuation of further experimentation with the x-ray in Basedow's Disease. In relation to the considered surgical treatment related to us by Hafrat Eiselsberg, I am free to say that it does not impress me greatly, because, if the x-ray treatment, which is less dangerous than surgical operation, should prove to be a success, then surgical operation would be entirely unnecessary. The important thing to be remembered in applying the x-ray treatment in Basedow's Disease is to so regulate its strength and kind that only the proper proportion shall be given. If this be given due consideration, I am convinced that many unfavorable results could be avoided, and much more desirable ones obtained. In my experience, surgical operation in Morbus Basedowii has been uncertain. I can only recall a few cases with excellent results; the majority were worthless and without result. One must wait a very long time for noticeable improvement, and even then we are uncertain whether the improvement is not due to other causes than the surgical operation. What is painful to me in advising a surgical operation is the considerable number of deaths resulting therefrom. Operating on a case of appendicitis, we feel contented and justified to do so, even when the patient dies as a result, and our conscience is clear, for we have done the necessary and only thing possible to endeavor to save the patient; but if we operate in Morbus Basedowii, and the patient dies from the operation, we are to be blamed for it, and the death of the patient stands against not only our record but also against our conscience. I can recall very many sad cases of Morbus Basedowii. In one of them the surgical operation was successfully performed, and the patient was feeling well, when, suddenly, on the fifth day, the heart gave way and she died of heart failure. In conclusion, I wish to state that I personally consider an operation in Morbus Basedowii a very serious undertaking.—*Clinic at Wien (Vienna), January 15, 1910.*

Medicin Many Years Ago.

EDITOR MEDICAL WORLD:—Medical Evolution, page 255, MEDICAL WORLD for June, inspires me to give to the brethren a little insight on the practise of medicin a few hundred years ago. As medical literature of those days is now scarce and hard to obtain, it is equally as hard for the "latter day" physician to appreciate fully the real evolution of medical practise.

It is hard for us to-day to realize that two or three hundred years ago superstition played an important part in the practise of medicin; yet such is true. For instance, the leading physicians of England, during the fifteenth century, recommended the king's touch for the cure of scrofula.

Seemingly, the most absurd and unreasonable practise was carried out by the most eminent practicians of those days. Such methods of practise that may amuse us, and, on the other hand, cause us to wonder how any one recovered who received such treatment.

Digitized by Google

Time and research have wrought the wonderful change. No longer do we have to use crude, nauseous and even obnoxious roots, herbs, parts of animals and articles that were thought to be efficacious only on account of the superstition connected with them.

No longer do we have to consult the moon, so to speak, and be guided by it in the administration of our remedies. No longer do we have our patients wear charms and medicaments around their necks and on other parts of their anatomy; but our practician of three hundred years ago did.

But wait. Let us not smile at the work or methods of the practician of several hundred years ago. They did their best, and considered their treatment as good as we consider ours to-day. I say let us not smile, but look forward to what another hundred years may bring forth.

Did we ever stop to consider what a valuable text a relic of our present-day methods would be in the hands of the physician of 2010? It will probably cause them as much amusement and wonderment as the methods used a hundred years ago now give us.

No longer do we measure a handful of this drug and a pinch of another. The decoction and infusion, which were the principal modes of administration of drugs in those days, have been replaced by the tinctures and extracts—fluid and solid.

As I stated above, the purpose of this article (should the Editor not consign it to the W. B. route) is to give the reader a glimpse of the past with which to compare the present, and form opinions of the future.

First we will look back into the practise of gynecology about 250 years ago. Leucorrhea in those days was supposed to be caused by melancholia and digestiv disturbances; also by "distillation of the brain," whatever that means. For the treatment of this complaint, the following prescriptions are given: "Take of syrup of betony, stochas, and marjoram; fine quibus de agarico; make nasalia of the juice of sage, hysop, betony and nigella, with one drop of the oil of elect. Dianth. Aromat.; rofat, diambrae, diomiseth dulcas, of each one drachm; nutmeg, one-half drachm. With sugar and betony water, make lozenges and take one every morning and evening."

Also: "Take of maiden hair, epythimium, polipody, borrage, fumitory, hart's tongue and syrup of biasatius, which must be made without vinegar." As we are given no quantities here, we must suppose that the quantities and dose must be made to suit the case.

For the treatment of menorrhagia, phlebotomy was always advised and was performed as follows: "In the midst of the menstrual period, open the liver vein; and two days before the dreaded evacuation, open the saphenous on both feet. After the humour hath been purged, proceed to make proper and suitable remedies of which the following is an example: take of troschish of myrrh, one drachm; parsley seed, castor rhinds or cassia, of each one scruple, and of the extract of mugwort, one scruple and a half; musk, one half scruple; with the juice of smallage make twelve pills. Take six every morning."

During the first two months of pregnancy, an eminent authority tells us, the women are advised to take the following prescription to "strengthen the womb." "Take pearls prepared, one drachm; red coral and ivory prepared, each a half a drachm; yellow citron peel, mace, cinnamon, cloves, each a half drachm; saffron, a scruple; wood aloes, one half a scruple; ambergris, six drachms; and with six ounces of sugar dissolved in rose water make rolls. Let her also apply strengtheners to the navel, of nutmeg, mace and starch made up in a bag, or a toast dipped in malmsey sprinkled with mint."

Pearls, coral and ambergris must have been plentiful in those days, or the people had to be quite wealthy in order to afford such a prescription.

To hasten delivery of women, one of the following recipes is advised: "Take wild tansy or silver weed; bruise and apply to woman's nostrils."

No. II. "Take date stones and beat them to a powder and let her take a half drachm of them in white wine at a time."

No. III. "Give a woman in such case a another woman's milk and it will cause speedy delivery and almost without pain."

No. IV. "Take a swallow's nest and dissolve it in water, strain it and drink it warm. It gives delivery with great speed and much ease."

To bring away the placenta, the following prescriptions are advised: "Boil mugwort in water till it be very soft; then take it out and apply in the manner of a poultice to the navel of the labouring

Digitized by Google

woman and it instantly brings the birth and afterbirth; but special care must be taken to remove it as soon as they come away lest by its longer tarrying it should bring away the womb also. Should this fail, the smoke of marigolds received up the privates of the woman, by a funnel, has been known to bring away the afterbirth even when the midwife let go her hand."

Whether or not a child is dead within the womb can be ascertained in the following manner: "Take a half pint of white wine and burn it and add a half ounce of cinnamon, but no other spice whatever; and when she has drank it if her labouring pains come upon her, the child is certainly dead."

To cause the delivery of a dead child, the following prescriptions are advised: "Dittany, betony, pennyroyal, sage, featherfew, cetuary, ivy leaves and berries, [no quantities given] boiled in white wine and given as a draught." "Also the stone ætites held near the privates, whose magnetic influences render it exceedingly necessary on this occasion, as it draws away the child with the same facility that the lodestone draws iron."

After a considerable talk on the etiology of after pains, in which it is shown that they are caused by gas in the bowel, the following treatment is recommended: "Take bay berries, beat them to a powder; put the powder in a chafing dish of coals, and let her receive the smoke up her privates."

Also: "Take tar and bear's grease, of each an equal quantity; boil them together and whilst they are boiling add a little pigeon's dung to it. Spread this upon a piece of linen cloth and apply it to the reins of the back of her that is troubled with after pains and it will give her speedy relief."

In those days, according to the authorities of those days, male and female children could be gotten at pleasure. The formula used for this purpose being rather lengthy, I will omit it. It will be sufficient to say that the right and left ovaries played an important part in the process.

For the treatment of epilepsy, we will quote the treatment as prescribed by some eminent physicians of the fifteenth century.

Dr. Willis, the noted anatomist, treated epilepsy in a very young babe by using the following prescription: "Take prepared human skull, the roots of male peony, of each one drachm; pearls in powder, half a drachm. Mix them into a very fine powder and give in five grain doses in a teaspoonfull of julap, morning and evening." This treatment was supplemented by drawing from the same patient two ounces of blood.

We will now quote the treatment for epilepsy as advised by Dr. Harris, who was a contemporary of Dr. Willis. His prescription is as follows: "Take of prepared earthworms, one ounce; human skull, prepared, two scruples; mix them and divide them into twelve powders. One to be taken twice a day in a spoonfull of cephalic julap."

Dr. Richard Wiseman, who practised two hundred years ago, and who was also physician to King Charles II of England, treats scrofula in the following manner: After giving a list of remedies he says: "but where these do not agree, we prescribe distilled milk of which this is an example: take of best sarsaparilla, one pound; shavings of hartshorn, six ounces; leaves of agrimony and both kinds of fluelline, of each three handsfull; white and red sanders, of each two drachms; English liquorice, a pound; garden snails, one hundred; and earthworms, one pound. Distill them according to art, and to three pounds, or pints of the distilled liquor add two ounces of prepared crab's eyes."

This, gentlemen, is distilled milk, should you ever have use for such a beverage.

The king's touch also was considered a remedy for scrofula and a remedy that was highly esteemed.

In those days, bleeding seemed to be the sheet anchor. It seemed to be *the* treatment, whether the patient had measles, mumps, diarrhea or pneumonia. The babe of a few days was bled as readily as an adult.

Comparing our methods with those of the fifteenth century physician, we marvel that any one got well. If the disease did not kill, seemingly the medicin would; yet those men had their miraculous cures and also laid the foundation for modern medicin. RUPPERT A. B. LLOYD, M.D.

Phœbus, Va.

[Doubtless a record of our practise will be quite as amusing to the physician of the twenty-first century as are these relics from the past. Medical science has made tremendous strides in the last century, and there is every reason to hope that this advance and improvement will be steady and

Digitized by Google

continuous. We may jolt our self-complacency, when we begin to feel that we have learned about all that is worth knowing, by referring to the egotistical expression of the great Pare regarding the exploits of surgery in his time, when he said that all the discoveries in surgery had been made that it was possible to make, and that henceforth no improvement was possible. The better men, in those days, did the best they could, and it is said that "Angels can do no more." Thinking men sometimes wonder whether some patients, nowadays, do not get well "in spite of the treatment" instead of by reason of the treatment. If we do the best we can, we will be justified, now and hereafter.—ED.

Catarrh and Constipation.

EDITOR MEDICAL WORLD:—I have practised medicin for forty-four years, and ten years of that time I owned a drug store. My experience in the drug business taught me that there is a great demand by the public for something that will help catarrh and constipation. The young doctor who can bring relief to those suffering with these ailments is sure to succeed. I hope to be able, with my experience, to help the ambitious young man to reach the goal he so much desires to win. My religion is to treat the rich well, the poor better, and try to be helpful to all.

In treating catarrh, I have tried many different remedies in the forty-four years of my practise, but have discarded them all but this powder:

℞

Powd. chlorate of potash
Powd. gum arabic
Tannin
Oil of eucalyptus
Menthol, āā.....3j
Powd. boric acid.....ʒxij

M. Sig.—Sniff a small quantity several times a day, or use a powder blower.

This seldom causes sneezing. The ingredients are all soluble, and leave a pleasant sensation in the nose and throat. This powder can be applied to any sore on the body, acute or chronic, with good results. Your druggist ought to mix this for you at a cost not above four cents an ounce; and I advise that you dispense it yourself, for you will have many calls for it if your experience is like mine. It should be put up and kept in tightly corkt bottles. Remember, the prescription that you get $1 for from the patient may bring fifty to the druggist, by refilling. It is right to love your neighbor much, but not better than yourself.

For the treatment of constipation, I have used a gelatin-coated pill for nineteen years, and a tablet for twelve years, and have had no occasion to change, only to change from one to the other, as the case demanded. I will give the formula for both:

Anti-Constipation Pill.

℞

Hydrastis canadensis.....gr. 1-4
Ext. cascara sagrada.....gr. 1-5
Xanthoxylin .....gr. 1-5
Aloin .....gr. 1-10
Podophyllin .....gr. 1-10
Ext. belladonna .....gr. 1-20
Oil peppermint .....gr. 1-30
Sulfate strych.....gr. 1-200

Dose, 1 to 4.

I begin with one pill at night; sometimes this is sufficient to produce a normal action in the morning; when not, I increase the dose by one every night till I get results. If the patient is very constipated, two or three pills can be given at first. This pill is an improvement on the valuable and much-used aloin compound pill. Altho the dose is small, usually one or two pills move the bowels without griping or causing debility; producing no disturbance of digestion, but rather tending to give tone to all parts of the alimentary canal. And the same can be said of the

Anti-Constipation Tablet.

℞

Ext. calabar bean.....1-30 gr.
Powd. ipecac .....1-30 gr.
Aloin .....1-10 gr.
Podophyllin .....1-10 gr.
Ext. belladonna .....1-20 gr.
Ext. licorice .....2-3 gr.

Dose, 1 to 5, as required.

Many of my medical friends to whom I gave this formula, and also the formula for the pills, twelve years ago, have used them in their practise constantly since, some prefering the pills and others the tablets. Some of my old patients who think a younger doctor is better for some things, never forget to call on the old doctor for the pills, tablets, or catarrh snuff, as they call it.

Your druggist in all cases may not be able to make your pills and tablets, but you ought to get them made somewhere at a cost not above twenty cents a hundred for the pills, and ten cents a hundred for the tablets; and in large lots you ought to get them for less; and dispose of them at a profit of 500 per cent.—enuf to make the beef trust envious. If you fail to get them made conveniently, and wish to give them a trial, send your orders with stamps, bills,

Digitized by Google

or post office orders to me and I will see that your order is filled promptly, and sent by mail postage paid. If you wish to know if I am responsible, write to the Brattleboro Trust Company, William Newton, town clerk, or the postmaster. I have read THE MEDICAL WORLD (the best of all medical journals) so many years I do not remember when I began. Long live the Editor. When I can do anything helpful for the readers of THE MEDICAL WORLD, I will be only too glad to do it. DR. J. W. GREGG.

Brattleboro, Vt.

How I Was Converted to Eclecticism.

EDITOR MEDICAL WORLD:—I like your journal because you are so liberal. You allow regulars, homeopaths, eclectics, and others to express their opinions thru your journal. I am an eclectic, and have been practising that theory for a quarter of a century. Eclecticism is not understood by a great many. Some seem to think that eclectics believe in specifics for disease. But this is a mistake. They believe in specific remedies for specific conditions. Or, in other words, they believe in direct medication. For instance, take a child (or any one else) suffering with irritation, with determination of blood to the brain; with this condition there is always flusht face, bright eyes, contracted pupils, with restlessness. Gelsemium is the remedy for this condition, it matters not what the name of the disease might be, and eclectics always give it with this condition. Why? Because gelsemium allays the irritation, and checks the determination. Again: take a case where the patient is dull, inclined to sleep, pupils dilated, a sluggish capillary circulation, and we give belladonna. Why? Because belladonna is the remedy for this condition, it matters not what the name of the disease is. Hence, you see, instead of prescribing for disease as named, we prescribe for conditions.

My preceptor was an allopath and very prejudiced against all other theories, and advised me not to fool away my time reading any of "those quack books"; and had it not been for an accident, I never would have been an eclectic. It so happened that my baby boy, our first one, and one in whom all my affections were centred, became very sick with "summer complaint." Of course, I called my preceptor and his son, who was also a physician, and a graduate of the St. Louis Medical College. They did all they could for the little fellow, but he grew worse and worse, until finally they told me they thought the little fellow would die. I could hardly bear the thought of losing my first and only boy, and inasmuch as they had done all they could, I determined to try an eclectic. As it happened, a good eclectic was in town that day, and I called him. There was one thing peculiar about the case. The child's abdomen was the largest part about him. It was full and prominent. I also noticed that his veins were full and prominent, and his spine was very weak. The doctor gave him very small doses of podophyllin and santonin. The preparation was a homeopathic trituration of podophyllin with sugar of milk, 1 to 100; but I don't remember now how much santonin it had in it; but not very much. He gave the child about one or two grains of this every two or three hours. You may not believe it, but the child began to improve from the very first dose, and made a rapid recovery, to the astonishment of the first doctors and everybody else that saw the child. Right then and there I said, "I am going to know something about that theory, for it has saved my child."

So I began to study it, and to practise it. But for some time I was very skeptical on account of the small dose. For instance, they said if you had a case where the right cheek was flusht, a sharp lancinating or stitching pain in the side, give bryonia, gtt. 5 to 10 in half glass of water, and a teaspoonful every hour. I could not see how that amount of medicin could do any good. But it was not long till I had a case and gave it. The result was all that I could ask. And as time went on, I found that most all of their remedies would do just what they said, if I had a markt indication for them. But I also found that they would not have the desired effect if I gave a large dose. And this is the reason some people fail to get the results claimed for them. They can't get down to the small dose. Some people also think that eclectics won't give calomel. This is a mistake. We will give calomel when it is indicated, but we don't think it indicated in everything. Give us a case with a small red tongue, constipated bowels with nausea, and we will give calomel, with the happiest results. In this case we would give very small doses dropt on the tongue frequently, until we got the desired effect. As physicians we should

Digitized by Google

be ready to give anything that will cure the case, it matters not by whom introduced, or whence it came. Give honor to whom honor, and credit to whom credit, is due. Lay aside prejudice and practise medicin.

T. J. DANIEL, M.D.

Magazine, Ark.

Prescriptions.

EDITOR MEDICAL WORLD:—I like your four-years' subscription plan, which is somewhat like income life insurance, insuring the doctor's income and the life of his patients. I herewith beg to inclose a few prescriptions which I dispense in a country practise:

As an expectorant; always watching narcotic effect:

℞

Muriat. apomorph.....grs. iij
Acid muriat.....M. xxiv
Aq. destill., ad .....f℥ viij

M. ft. sol. Teaspoonful in water three to four times daily.

For indefinit complaints; begin with large dose ol. ricini or with cascara sagr.

℞

Sod. salicyl..... 6.
Antipyrini..... 3.
Aq. depurat..... 180.
Ol. menth. pip.....gtts. ij

M. ft. sol. f℥ ss. every three or four hours.

℞

Sod. salicyl..... 12.
Antipyrini..... 6.
Aq. depurat..... 160.
Sir. cartic. durant..... 20.

M. ft. sol. f℥ ss. three times a day.

Anti polluticum:

℞

Lupulini.....2.
Camphorae.....0.250
Extr. opii.....0.125
Pulv. et succ. liquirit. q. s.

Sig. ft. pil. No. xxx. Two pills on retiring.

Pruritus ani:

℞

Acid boric.....10.
Zinc oxid..... 5.
Chinosol..... 2.
Vaselin. flav.....30.
Chlor. hydrargyri 0.050

M. fiat. unguentum.
Sig.—External use as directed.

Mora, N. M. J. J. BERGMANS.

Burow's Solution.

EDITOR MEDICAL WORLD:—I notice in THE WORLD of May, 1910, something of Liq. Burowi, or Burow's Sol., or Liq. aluminii acetici crudus. In a recent little booklet, "Building Up a Practise," issued by a proprietary drug firm in New York, I have read the following:

To Relieve or Cure Mosquito Bite.

℞

Aquae sedativae (N. F.)
Liq. Burowi, āā.....oz. ij

M. Sig.—Apply as needed.

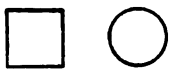
Of the "Building Up a Practise," it is simply a vehicle by which they hope to ride their preparations into the good graces of the profession; but nevertheless I sometimes read these ads, for I often find "sermons in stones," etc.

CYRUS GRAHAM, M.D.

Henderson, Ky.

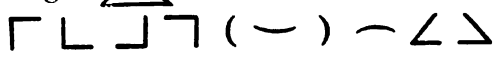
Cost Marks.

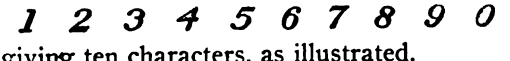
EDITOR MEDICAL WORLD:—I note in the February WORLD, page 79, Dr. Beck wants "a good system for marking merchandise." As soon as I receive a consignment of goods (drugs) I always mark them according to the following system, which would puzzle one of your "Philadelphia lawyers" to figure out. The square and circle



are each divided into four parts, and the triangle

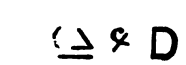
into two, thus:





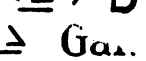
giving ten characters, as illustrated.

Let us say a certain tablet costs $1.25 per 1,000.

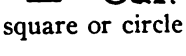


I mark it

if 50 cents per 500,



if $1.50 per gallon,



You can let any part of the square or circle be the starting point.

W. STAATS POMEROY, M.D.

Danby, Vt.

Continuing the discussion of cost marks brought up by a query several months ago, our attention has been called to the following method, which may be of service to those among our readers who are interested:

Let a straight, vertical line represent the base of all figures.

The figures are indicated by making small lines at right angles with this base line; one line on the left of the base represents three, and each line on the right side represents one. See diagram.

If more than nine is to be marked, two characters, or as many as are in the number if written in plain figures, are made; one representing units, another tens, another hundreds, and so on up.

The base line may be tilted slightly, care being

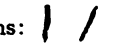
Digitized by Google

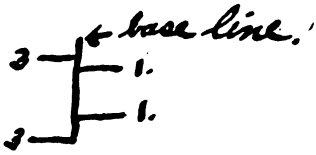
used to keep it nearly vertical, and the lines may be placed at various heights on the base; thus any figure may be represented in varying forms, which tends to confuse a person trying to solve the system.

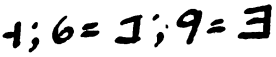
As there is but one simple principle to remember in the above method, it is easier than an arbitrary character for each figure.

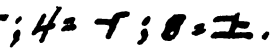
The cipher is made by using any of several different marks; such as a crescent, a circle, a cross, a star, etc., using one or another at pleasure to make the solution more difficult.

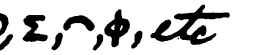
DIAGRAM

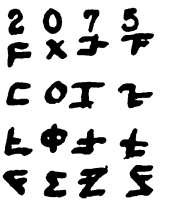
Base lines, or stems: 

Principle: 

Base lines with "3's" attached: 

Base lines with "1's" and "3's" attached: 

Cipher signs: 

Various ways the number 2,075 may be expressed: 

Thus we see how this plan may be used in almost endless variety, the only task for the memory being the simple principle that any line attached to the base line on the left means 3, and any line on the right means 1. This arbitrary arrangement may be reversed just as easily, but any change in the plan must necessarily be constant and permanent.

Dr. E. A. Graham calls attention to the fact that nausea and vomiting following ether anesthesia may be prevented or cured by ingestion of pure oliv oil when the patient has been restored to partial consciousness. One ounce is given at a dose. In a series of cases observed, neither nausea nor vomiting appeared, when the oil had been given. In another group of cases where nausea and vomiting were already present, the symptoms subsided after ingestion of the oil. It is essential that it be pure and not rancid.

Is the Fetal Ventilator an Improvement Over Manipulation?

EDITOR MEDICAL WORLD:—I noticed an article in the April issue from Dr. Jones, Pulaski, Miss. He states how he managed the after-coming head in a breech presentation. It seems as tho everything went well till the head came down, then the pains stopt. At this time he used his fetal ventilator. I think he could have delivered that head in a very few minutes if he had gotten busy. A little traction and a few manipulations would have brought that head. It seems as tho he didn't do anything but wait till the pains set up again and delivered it. I don't see how any one could rest patiently for twenty-three minutes with the mother and child in that condition. If there had been any pressure on the cord in this case, I don't think his ventilator would have done him any good, for the child would have died in that length of time.

I'm not casting any reflection on Dr. Jones about using his ventilator, but I think if he had left it off and used a little effort in trying to deliver that head, he would not have had to wait nearly half an hour on Nature to deliver it, and I think the results would have been just as good.

Puckett, Miss. L. A. EDWARDS, M.D.

Diet for Chronic Constipation.

DRINKS.

Water—several glasses a day (8 or 9), coffee, cocoa, buttermilk, fresh cider, fruit juices.

BREAKFAST.

Graham bread with butter, corn meal mush with cream, corn bread, honey, fresh ripe fruits.

DINNER.

Soup.—Any kind.
Meats.—Tender meat or poultry.
Fish.—Boiled fresh fish or raw oysters.
Vegetables.—Potatoes, onions, green peas, fresh corn, asparagus, spinach, string beans, tomatoes.
Desserts.—Stewed figs, prunes, apples, all fresh fruits.

SUPPER.

Graham gems or bread with butter, honey, salads with oil, baked potatoes, baked apples with cream, figs, prunes, fresh fruits.

ON RETIRING.

An apple or orange, one or two glasses of water.

AVOID

Pork, veal, eggs, salted or smoked meats or fish, white bread, rice, sago, tapioca, dry toast, milk toast, pie, cake, nuts, cheese, milk, tea, liquors. DR. GEO. H. BAERT.

Grand Rapids, Mich.

Not copyrighted.

Let Us Have a Frank Understanding.

DR. C. F. TAYLOR; DEAR DOCTOR:—Find inclosed check for $3, for which let THE WORLD continue to come my way. I hope this will compensate, in a measure, for the two Tennessee doctors that left you recently. Your ideas on religious subjects were both surprising and disagreeable to me at first; and while I yet fail to agree with them, I must say the spirit of your writing is most excellent. I have followed your "Talks" closely, read the many hard and silly letters you received, and noted carefully your replies to same. So I am in position to say,

Digitized by Google

whether your faith is right or wrong, your spirit of toleration is much the superior to that of your opposers. I mean that class of your opposers that are saying hard things to you and discontinuing THE WORLD. I wonder if they ever stop to think that while they are using many words to show their faith, they are showing forth a spirit that condemns, in unmistakable tones, these very words.

As for your politics, I must say you have the most solid and unbiased ideas. It really seems to me that no honest man can fail to agree with you there, except he be biased in a partizan manner. And so strange it is that most of those that assail you so heavily on religion will say, "Your religious and political views"; or "Your narrow views on religion and politics," showing that they class religion and politics together, and showing by their spirit they would *fight* for either one. Strange *religion,* and strange politics—and strange people! Yet these are doctors writing these strange and abusiv letters. Some say stop the religious talks, others say stop the political talks, others say stop the advice to doctors, as we are not children. Yet you see in many respects many of us *are* children.

No, Dr. Taylor, I don't agree with your religious ideas, and there are a few other things in THE WORLD I fail to agree with, but there are so very many *good* things in THE WORLD with which I *do* agree that I must have THE WORLD. Hence, I must say that you can much better afford to lose those who have scornfully left you, than they can lose you, even tho your ideas are not in perfect harmony with theirs on every subject. As I say, many have had objections to several features of THE WORLD, and I have had some myself; but I fear to ask for any change at all, as I might make it worse. But I must say this before closing: Some have urged, even long ago, that the Monthly Talks be stopt altogether; but I sincerely object to that. Continue them on such subjects as you choose, but never stop the "Talks." Continue to keep us posted on political subjects, as many of us haven't the time to look over the number of papers and other matter that you bring to us thru the columns of that matchless truth-teller, THE MEDICAL WORLD.

Publish this if you have inclination, time, and space. D. P. OLDHAM, M.D.

Mt. Juliet, Tenn.

[Tennessee is a great and good state; and the best product that any state can produce is people with such tolerant and reasonable minds as that of Dr. Oldham. He knows that I am not trying to build up a political party, and that I am not trying to start a new religion. But he knows that I am trying to fulfill every function of a conscientious editor: that is, trying to meet every issue that comes up, squarely and candidly, and letting the best light that I know shine thru my pages, free from either medical or religious sectarianism or political partizanism. That is what I am *trying* to do. My readers must be the judge of how successfully I am doing it. But I think all will agree that I am doing it without fear or favor, and also without regard to financial results to myself. In all the intolerant letters I have received, no one has ever called me a "trimmer."

Now, I wish to say a few words about Dr. Oldham—or rather, about his quality of mind. He is not looking for a medical journal that will suit him *exactly;* for he knows (as a man of independent thought) that it is probable that he will never find it. But he accepts one that suits him in so many ways that it will pay him better to take it than to let it go by. And he sends his renewal *promptly.* His subscription expired with the June WORLD, and he sent his renewal long before the appearance of this (the next following) issue—and he sends $3 for four years in advance. There are many ways in which Dr. Oldham can be taken as a model—may his kind increase.

Now, let me say a few words about my work: Suppose you could find a journal that suited you *exactly*—with which you could agree in medical views, in politics, and religion—everything. Of what benefit would such a journal be to you—always echoing your own thoughts and views? You could gain nothing from it, and such a journal would not aid your progress at all. To be of real service to you, a journal should give you new ideas and new facts; not only rational views of new subjects, but new views of old subjects. These you should consider thoughtfully and realize that they are presented for your service. This is the way progress is made. Of course your old ideas may be right, and the editor who presents new views to you may be wrong. But you can never make any progress without encountering views different from your own—and you *might* learn something. That's what you take a medical journal for; and if you are unwilling to learn, you would better save your money—and let your mind mould before its time. But if you do this you will have to make it up in the hereafter, for I believe that we will enter the hereafter in exactly the condition that we leave this life; and that the next world is a world of progression, just like this one is; and if we are stagnant here, we will enter that eternal existence in a backward and weakened condition. Just think of this.

As long as I am an editor I intend to try to serve my readers; not by flattering them, nor striving to agree with them, but by presenting them the *truth* as I see it. Of course, I am not infallible, but I must be frank and honest, whether my readers like my views or not.—ED.]

Koch's conclusions, as given before the Tuberculosis Congress in 1908, concerning the transmissibility of bovine tuberculosis to man, are as follows:

1. The tubercle bacilli of bovine tuberculosis are different from those of human tuberculosis.

2. Human beings may be infected by bovine tubercle bacilli, but serious diseases from this cause occur very rarely.

3. Preventiv measures against tuberculosis should therefore be directed primarily against the propagation of human tubercle bacilli.

The wet-dressing method of treating ivy poisoning is logical and generally quite satisfactory to both patient and physician. Add 1 to 1½ drams of fluidextract grindelia robusta to a pint of water; cover the lesion with lint and keep it soakt with the solution, applied cold, and renewed every fifteen to thirty minutes. As soon as the "poison is killed," or in medical terms, the dermatitis shows signs of subsiding, change the dressing to a saturated solution of boric acid, or, if more convenient, apply a 5 to 10 per cent. ointment of boracic acid. This plan is particularly efficacious in cases occurring in children.

Digitized by Google

QUIZ

New books as they appear, are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Cutaneous Pruritus.

EDITOR MEDICAL WORLD:—Please give cause, diagnosis, and treatment for the following case: A physician of nervous temperament, 85 years old. General health good, a moderate user of tobacco, but uses no liquor, nor has he any drug habit. About twenty-five years ago had spinal trouble, which was diagnosed neurasthenia. This he thinks was caused by exposure and overwork, and was followed by very severe intercostal neuralgia. Two of these nerves on the right side, ninth and tenth, appear to trouble him yet, and the ganglions are tender.

He is constipated and resorts to laxativs almost daily. Lately the excretion from the kidneys is very copious. An analysis, however, shows no albumin, no sugar, reaction acid, and specific gravity 1017.

About four months ago he was attackt by what he called urticaria. It appears usually most severe during the night, as fine pimples under the skin, about the size of birdshot, covering a considerable part of the body, and itches intolerably. This trouble does not appear to follow any particular nerve, but comes on any part of the body and lasts from six to twelve hours, then disappears only to come on some other part of the body later. Occasionally he enjoys a night of comparativ freedom from this trouble. Digestion is good, except for an occasional short attack of indigestion, which he overcomes by using a tablet of papain, soda, and charcoal.

He has taken blue mass, calomel and soda, calcium sulfid, calcium chlorid, Fowler's solution, sodium arsenite, and applied ammonium chlorid in solution, glycothymoline, resinol ointment, etc., but with no permanent effect.

Any suggestions you or "the family" may see fit to make will be thankfully received.

Erie, Ill. A. H. FOSTER, M.D.

[You do not state how long the polyuria has lasted. It may be that your case is developing diabetes insipidus. The condition may be due to a contracted kidney, which can be excluded by the eye ground and cardio-vascular system being found in perfect condition.

It is likely that the pruritus is due to an irritable condition of the terminal nerves, possibly aggravated by autointoxication.

We suggest putting him on a protracted course of morning doses of Epsom salt, in lieu of his favorit laxativ. Make repeated examinations of the urin, to make sure that there is never any sugar present at any time. Beta-naphtol and salol will check gaseous fermentation and act favorably as regards the production and absorption of deleterious products of digestion.

We suggest the following ointment as an antipruritic application, as he will need immediate relief from this symptom, and it will take some time to test our hypothesis regarding the origin of the trouble:

Resorcin	℥ 1½
Beta-naphtol	℥ 1½
Boric acid	℥ 1½
Vaseline	℥ 2 to ℥ 4

Mix and apply as required.

We think, too, that valerian and ergot will do him good. Camphor, hyoscyamus, and valerian also make a good combination. Heavy doses of the bromid of strontium will likely prove beneficial.—ED.]

Chronic Posterior Urethritis, With Stricture.

EDITOR MEDICAL WORLD:—Kindly answer the following queries in THE MEDICAL WORLD. Man, 40, 5 ft. 11 in., 180 lbs., complains that during coition at the end of seminal emission he invariably feels a burning, painful sensation in the posterior part of urethra, which makes him dread the act. This ailment came on about six months ago, but was not so constant nor invariable.

He has had gonorrhea several times, but the last time he had it was six or seven years ago, of comparativly short duration. His urin is clear, normally acid, and the first glass urin only has shown a solitary long thread. The stream of his urin has grown gradually smaller for the last three years, and he has to strain to empty bladder. I suspected stricture. His prostate I found normal in size. Introducing into his urethra a bougie, I found a slight obstruction at the cut-off muscle, and as I withdrew it slight bleeding followed.

I then introduced a cocain sol., and then a 23 steel sound, which would not pass the obstruction. I stopped manipulation for the day, and directed patient to call in a week. I then introduced into his urethra an elastic bougie, 8, which entered the bladder; after withdrawal of same I introduced an elastic bougie, 10, which passed the obstruction at the cut-off muscle but was arrested by one at the verumontanum. I left it in for ten minutes, and this resulted in the patient having same burning and painful sensation of which he originally complained when he had intercourse. After a week patient called again.

Digitized by Google

stating that two days after his last visit he commenced to have pain during the act of urination, at various parts of urethra, which finally localized itself in the anterior part of urethra when he commences to void urin. But the stream improved considerably and he empties his bladder without difficulty.

He noticed, however, that his first glass urin instead of showing a solitary long thread, shows also *numerous* small broad and narrow and also pin-point particles, but no pus, and the slight mucus does not fall to the bottom.

What is the exact pathology of the condition? Shall I continue sounds, or institute deep $AgNo_3$ installations? Shall I give internal medication?

New York, N. Y. N. LUKIN.

[He has an uncured chronic posterior urethritis, as evidenced by the "clap shred" in the urin. The prostatic portion of the urethra is likely thickened from long continued inflammation. The constriction of the parts incident to orgasm causes the pain he complains of. It is also quite likely that he has abrasions or ulcerations along the course of the urethra. You should examin the whole course of the urethra thru a urethroscope under the best illumination, and if such spots are found, touch them with silver nitrate two or three times a week. It may be necessary to do this to obtain healing before it will be possible to accomplish much with the steel sounds. After all such abrasions are healed, we think the treatment by cold sounds is indicated, and this might be augmented by application of silver nitrate solution, *very weak,* to the deep urethra, or the drug might be applied by ointment on a cupped sound. —ED.]

Pyelitis, With Calculus.

EDITOR MEDICAL WORLD:—I have never completely recovered from my kidney trouble, which I wrote you about a year or so ago, tho a good deal better than I was. My trouble is calculus, with pyelitis. I have used almost everything I have seen recommended, with only partial relief. If there is anything you know of for those cases, I wish you would let me know.

DAVID BARCLAY, M.D.

69 Charlotte Avenue, Detroit, Mich.

[Had you told us what you used, we would be better able to make suggestions for trial. We suggest, if you have not employed it, the use of hexamethylenetetramin in 7-grain doses four or six times a day over a long period. Small doses of buchu, uva ursi, and juniper generally show a beneficial effect in chronic cases. Turpentine, tho seldom used, is valuable. Drop doses of tincture cantharides gives excellent results in a number of instances. Hot baths should be taken to keep the skin activ, and buttermilk should be taken freely. Drink only distilled or mineral water of known freedom from lime salts. Aristol, in oil, may be instilled into the bladder to relieve the irritation there and to prevent formation of a calculus from the detritus in that organ.—ED.]

Eczema—Homeopathic Treatment Wanted.

EDITOR MEDICAL WORLD:—I have a case of skin trouble which I think will be interesting to any physician. I would especially like the advice of the homeopathic brethren. Mr. ———, raised in Iowa, 70 years of age. Eight years ago had what they all called sinking spells, following heavy losses financially. He is a man well nourisht, with a good heart and stomach. Has all his faculties and wants for none of the necessaries of life. Constipated for several years. No effort to stool. Never has an action unless the bowels are forced with cathartics. The stools are hard and dry first part, and last part thin. The straining causes prolapse of the rectum, which is easily replaced. There is considerable gas in the bowels. The skin trouble dates back for eight years. The itching is mostly on hands and face, and where the collar and shoes fit (only the tops of the shoes). The eruption comes only as a result of rubbing or scratching. It is dry and soon disappears if let alone. Sometimes it will come in the elbow and knee. Heat or water aggravates. The skin breaks easily and heals slowly, especially in warm weather. This man has a good family history. I can find no trace of scrofula.

Okmulgee, Okla. S. B. LESLIE.

[Our homeopathic brethren are invited to reply, either directly or thru WORLD.—ED.]

Tucker's Asthma Cure.

EDITOR MEDICAL WORLD:—Can you show me anything or get me a copy of the medical publication (whatever it was) that contained an account of Dr. Tucker's arrest by the Government, etc.? (Dr. Tucker, of Mt. Gilead, Ohio.) He had some asthma "specific." I understood the United States claimed it was cocain. Any information on this I will be glad to receive and pay for any trouble or copy. It was publisht in some medical journal, I have heard, perhaps a year ago; can't say just when. E. C. FOLSOM, M.D.

Santa Monica, Cal.

[We are not able to cite you to the publication you desire. If there was any prosecution under the pure food and drugs law, it would be by the Department of Agriculture, Washington, D. C. (Pure Foods and Drug Department). If there has been such prosecution they will doubtless be able to furnish you with a copy of the record, if you write them requesting it. See also MAY WORLD, pages 203 and 204.—ED.]

Obstinate Urticaria.

EDITOR MEDICAL WORLD:—Patient, married lady, aged about 30, has been the victim of urticaria for about ten months, continually. It seems to be idiopathic. I have tried all kinds of drugs, with no avail whatever. Will some brother kindly tell

Digitized by Google

me what the trouble is? I will be glad to find some form of treatment that will influence the trouble, as they are prominent people.

Rogersville, Mo. CHAS. H. MCHAFFIE.

[If you had named the drugs that failed, it would lighten our burden. The origin of the trouble is in some fault of metabolism or in deficiency of some excretory function. Indigestion, or fermentation of food in stomach and bowels, is the most common cause of urticaria. In almost all cases, beta-naphtol and salol are good drugs to try, tentativly. A course of saline medication, taken in mornings before breakfast, is another good move in cases where the exact origin is in doubt. Every case is entitled to thoro and repeated examination of the urin, not alone for the possible presence of sugar or albumin, but also for any abnormality or deficiency of excretion. Lotions containing beta-naphtol, resorcin, carbolic acid, boric acid, and sulfur will act as palliativ measures. Good elimination thru the skin should be encouraged by frequent hot baths, followed by vigorous friction with a coarse towel.

Sulfur, arsenic, 5-drop doses of ichthyol, sodium phosfate, sodium salicylate, hourly drop doses of copaiba, strychnin, and in gouty cases colchicum, make a list of the most commonly useful drugs.—ED.]

Chronic Eczema.

EDITOR MEDICAL WORLD:—I ask aid thru THE MEDICAL WORLD, which I read with pleasure each month, and consider my best journal. Lady between 55 and 60 years of age, neurotic, some trouble with constipation, which has been corrected, has had eczema of the hands, face, and body for past nine years. Have eliminated it from the body and face, but cannot heal it upon hands. Skin is raw at times, itches intensely, and all finger nails are rough and crackt, as well as the skin. Have covered hands to keep air from them, given internal medicin for building up system, and used various kinds of salve and lotions, but to no avail. Eruption breaks out again. Can you suggest anything that will help me out? G. E. HOEPER, M.D.

Litchfield, Minn.

[In chronic forms of eczema, arsenic, internally, will often do much good. Sulfur, too, over long periods, is generally of service. Sometimes it is well to examin the urin for evidences of too great acidity, and if this be found, to give an interrupted course of alkalin medication.

We suggest having her get a loose pair of chamois skin gloves, and to apply oxid of zinc ointment thickly all over the hands on retiring, and then to draw on the gloves and permit them to remain till morning. If she will also wear the gloves thru the day, the cure will be hastened. Water is not to be applied to the hands, but when the oxid of zinc ointment is wiped off, warmed glycerin may be used for cleansing purposes. We have never failed to cure a case by this method, tho the cure may require the lapse of several weeks.—ED.]

Osteopathic Publications.

EDITOR MEDICAL WORLD:—Please state where I can obtain books on Osteopathy.

Freeland Park, Ind. G. S. BEATTY, M.D.

[Practise of Osteopathy, Murray, 319 pages, sold at $3.50 by Charles H. Murray. Elgin, Ill. Principles of Osteopathy, 390 pages, by Dain L. Tasker. Price unknown. Sold by Baumgardt Publishing Company, Los Angeles, Cal.—ED.]

Formulas Wanted.

EDITOR MEDICAL WORLD:—Will you give the formulas in THE MEDICAL WORLD of Hay's Hair Health, and of Wyeth's Sage and Sulfur Hair Remedy? OLD SUBSCRIBER.

Manchester, N. H.

[Can any of the family supply these formulas for publication? The Editor does not know anything of the composition of either.—ED.]

EDITOR MEDICAL WORLD:—Please publish formula for Absorbine, Jr., made by W. F. Young. P.D.F., Springfield, Mass. Absorbine, Jr., is intended for man and Absorbine, made by same party, for horses. J. L. EDWARDS.

Brownsville, Tenn.

[The Editors have no information on this preparation. Can any of the family furnish it for publication?—ED.]

Full doses of bromid of soda are frequently all the medication necessary in cases of diabetes insipidus. The patient should always be given a change of occupation or environment, when possible.

Head lice may be quickly destroyed by cutting the hair short and applying twice each day, after thoro washing with soap and water, the following lotion:

Acetic acid	℥2
Sulfuric ether	℥3
Tincture delphinium	
Alcohol, āā	℥4

Only a few applications are necessary to demonstrate improvement. The lice will die, and the "nits" may be removed by a fine-tooth comb. In the case of girls with beautiful hair, it is not absolutely necessary to sacrifice the hair, as the lotion may be applied to the scalp by parting the hair in numerous places and applying it; but the cure will not be so speedy, since the washing twice daily is suspended in this case, and the soap and water have a positiv influence in ridding hair and scalp of the pests.

Digitized by Google

CURRENT MEDICAL THOUGHT.

TOXO-ABSORBENT COMPANY*

The Post-Office Department Continues Its Good Work Against Mail-Order Cancer "Cures"

The latest "cancer cure" concern to be declared fraudulent by the post-office authorities is that of the Toxo-Absorbent Company operated by one F. W. Warner, Rochester, N. Y. Warner is neither a physician nor a graduate chemist, but claimed to have "discovered" the "toxo-absorbent packs," which he advertised as a cure for such diseases as diphtheria, consumption, peritonitis, Bright's disease, cancer, syphilis, and various other conditions.

Toxo-Absorbent—Cancer Cure No. 8.

Price $5.00. Six for $25.00.

This is the most successful cure for Cancers ever discovered. It has the chemical affinity for the poisons and microbes which cause the disease. It dislodges them and draws them out through the pores. Absorbs the growth and builds up the wasted tissues.

It cures Tumors by the same process. Cancers and Tumors, whether external or internal, are cured by Toxo-Absorbents.

FIG. 1.—Reproduction of one of the items from the descriptiv price list of the Toxo-Absorbent Company. Toxo-Absorbent No. 8, according to the government analysis, was composed of 98 parts sand and clay and 2 parts of charcoal. Each "pack" of this inexpensiv mixture sold for $5.

A patient who was supposed to have cancer and who remitted $10 to the Toxo-Absorbent Company, was sent a number of cloth bags holding earthen material, referred to as toxo-absorbent packs "No. 7" and "No. 8" respectivly; some tablets to be taken internally, labeled "Cancer and Tumor Tablets" and also a package of salve labeled "Cancer Ointment," to be applied locally. The "packs" were supposed to be warmed and applied each night externally to the "sore" after it had been well cleaned with hydrogen peroxid and packed with absorbent cotton.

The Government chemists testified that chemical analysis of these preparations showed them to be composed as follows:

Toxo-Absorbent Packs No. 7.

Sand and clay	98 per cent.
Animal charcoal	2 per cent.

Toxo-Absorbent Packs No. 8.

Sand and clay	97.25 per cent.
Animal charcoal	2.75 per cent.

Cancer and Tumor Tablets.

Sugar of milk	98.6 per cent.
Moisture	1.4 per cent.
Animal charcoal	trace

Cancer Ointment.

Vaseline
Oil of tar
Trace of vegetable matter, apparently witch hazel leaves.

Some of the claims made by the Toxo-Absorbent Company for its methods were:

"The great drugless treatment."

"The most important medical discovery in the world's history."

"The only treatment which cures disease by removing the cause."

"The Toxo-Absorbent Cure can be relied on to cure * * * consumption * * * Brights disease * * * cancer * * *"

"Diseases hitherto considered incurable, such as certain forms of cancer, consumption, appendicitis, peritonitis, diphtheria * * * are readily cured."

"The fact is, diphtheria is one of the very simplest and easiest of all diseases to subdue * * * Absorbents have never failed of a prompt and complete cure."

"We have found many cases [of cancer] where the removal of the breast had been followed by the recurrence of the cancer. Such cases are considered as absolutely fatal, and yet the absorbents have succeeded in making a cure in every case."

Syphilis—Toxo-Absorbent is the Only Remedy Ever Discovered which Will Positively Remove Every Syphilitic Taint from the Body—*It Never Fails.*

Every physician will understand that it is almost impossible to get any evidence, either from doctor or patient, in these cases. Mr.

FIG. 2.—Reproduction of part of one of the Toxo-Absorbent testimonials. The viciousness of selling a mixture of earth and charcoal as a positiv cure for so serious a disease as syphilis, is evident.

At the hearing it was shown that it was impossible to make a reliable diagnosis of cancer by having patients fill out a blank form and forward it thru the mail. It was further shown that the treatment as exposed by the analysis would not cure "any case of cancer irrespectiv of its variety, duration, and location in the body." Warner, the manager of the concern, entered a general denial of fraudulent intent, but submitted no evidence of the value of the treatment excepting a number of "testimonials." These were to the effect that the individuals writing the "testimonials" had had what they believed to be cancer, had used the Toxo-Absorbent "packs," and had been cured. As there was no evidence to show that the writers of these letters ever had cancer, the testimonials were worthless. The assistant attorney-general in discussing the value of testimonials, said:

"Speaking generally, it may be said that in all my experience in this office never has a medical concern, no matter how fraudulent its methods or worthless its treatment, been unable to produce an almost unlimited number of these so-called testimonial letters."

Then in summing up, the assistant attorney-general said: "I find that this is a scheme for obtaining money thru the mails by means of false and fraudulent pretenses, representations, and promises, and I therefore recommend that a fraud order be issued against this concern."

The fraud order was issued.—*Jour. A. M. A.*

A Repudiated Testimonial on Sid-ol

Physicians in various parts of the country recently have received the following printed letter:

FROM ONE OF EUROPE'S MOST EMINENT PHYSICIANS.

The Sid-Ol Company, Brooklyn:

DEAR SIRS:—Your preparation "SID-OL" has been placed before me for opinion, and after careful trial I think you have furnished in your wonderful combination (SID-OL) the greatest upbuilding power and constructiv force against the depleting and destructiv force of the BACILLI of TUBERCULOSIS I HAVE EVER MET. The blood becomes richer in red corpuscular elements with its use, digestion improves, and as far as I have been able to demonstrate, the most delicate stomach has not been deranged by its action. Truly yours, ROBERT KOCH, M.D.
Berlin, Germany.

Dr. H. Strosser, of New Britain, Conn., after receiving one of these advertisements of Sid-Ol and doubting that Professor Koch had written any such endorsement, wrote to him regarding the testimonial and sent a copy of it with his letter. The following is a translation of the answer received by Dr. Strosser:

BERLIN, January 20, 1910.

Dr. H. Strosser, New Britain, Conn.:

Prof. Dr. Robert Koch desires to thank you very cordially for your friendly letter of the fifth of the month, and to state that he has had absolutely nothing to do with the testimonial for the preparation "Sid-Ol," a copy of which you enclosed, or with the "Sid-Ol Company," and that the testimonial, consequently, was not given by him, but is a complete forgery [*durchweg gefälscht ist*].

Dr. Koch has no objection to your publishing this communication in periodicals there.

With best respects of Dr. Koch,
Very respectfully, BOHNERT, *Secretary.*

It is conceivable, of course, that there may be another

*This matter may be had in a more complete form in a pamphlet entitled "The Toxo-Absorbent Company." Price, 4 cents.

Digitized by Google

Dr. Robert Koch in Berlin besides *the* Dr. Robert Koch. If such is the case, however, it is not true that this second Dr. Robert Koch is "one of Europe's most eminent physicians." Whether the Sid-Ol Company has been guilty of manufacturing the testimonial, or merely of raising a medical unknown quantity to the nth. power, makes little difference; that it has been guilty of attempting to deceive the medical profession seems undeniable.—*Jour. A. M. A.*

The Monetary Loss by Tuberculosis.

All students of tuberculosis are agreed that it is a costly disease. Seldom, however, are the costs formulated and expresst in definit figures. In a paper entitled "The Cost of Tuberculosis in the United States and Its Reduction," Irving Fisher, professor of political economy at Yale University, offers a careful review and summary of the existing data, and, making allowance for every factor that could reduce these figures, states: "Eight thousand dollars is, therefore, the very least at which we can reckon the average cost in actual money of a death from tuberculosis in the United States."

But suppose we place this loss at only five thousand dollars per life thus lost. As the number of deaths by tuberculosis in the United States has reached the enormous number of two hundred thousand per year, it can readily be seen that the annual loss in money by tuberculosis amounts to one thousand million dollars; that is, one billion!

It would require a capital of twenty thousand million, or twenty billions of dollars invested at 5 per cent., to produce an income equal to the above annual loss in the United States alone! And since the United States loses just one-tenth of the total number of lives lost in the world, namely, two million, by tuberculosis annually, it will readily be seen that to pay this loss in perpetuity, capitalizing it at 5 per cent., would require the enormous sum of two hundred thousand millions of dollars, or two hundred billion! Even considering the value of human life, on the average, in foreign countries as well as in the United States, at only one-fourth the above-named amount, viz., twelve hundred and fifty dollars (surely a moderate estimate, hardly more than a thousand dollars apiece, a valuation surely all will admit), we arrive at a total loss annually by this one disease, tuberculosis, of fifty thousand millions, or fifty billions of dollars!

It may be added that two thousand dollars is the very lowest figure at which any statistician, from any point of view, has ever placed the economic value of a human life.

James W. Glover, professor of mathematics and insurance, University of Michigan, concludes a paper read at the Sixth International Congress on Tuberculosis, in Washington, D. C., last September a year ago, entitled, "The Monetary Loss in the United States Due to Tuberculosis, Based on the Returns of the Twelfth Census of the United States," as follows: "The total deaths from all causes are undoubtedly understated, and the deaths from tuberculosis are probably understated to a still greater degree."

The Hon. S. N. D. North, Director of the Bureau of the Census, says, in his report on tuberculosis in the United States, also prepared for the International Congress on Tuberculosis, that "there is a large margin of error, and probably of understatement, in the recorded deaths from tuberculosis, even in the registration area."

Add to this the protean forms of tuberculosis, the difficulty of its diagnosis in many cases, the unwillingness of the attending physician to sign the certificate of death in a patient whose illness from this disease he may have failed to report, as required by law, and perhaps the fact that the occurrence of the death from this cause may be thought inadvisable as a matter of record by the friends and relativs, or may perchance conflict with the representations made in applications for policies of insurance—there are reasons enuf why many deaths from tuberculosis should not be reported, and hence not compiled under this cause.

It is probable that the present tendency is to understatement, rather than to overstatement, in the returns of deaths from the various forms of tuberculosis.—*A. O. Z., in Lancet-Clinic.*

Treatment of Burns Caused by the X-Ray.

Engman's application for burns caused by the x-ray is prepared as follows:

Boric acid	12 ʒ
Zinc oxid	1 ʒ
Starch	1 ʒ
Bismuth subnitrate	1 ʒ
Oliv oil	1 ʒ
Lime water	3 ʒ
Lanolin	3 ʒ
Rose water	12 ʒ

Rub the powders in a mortar and add the lanolin. The oliv oil and the lime water, mixt, are added slowly to the powders and lanolin. Stir, add the rose water, and beat to a creamy paste. If itching is severe, 1 to 2 per cent. of carbolic acid is added. The paste is spread on several thicknesses of gauze and covered with a rubber dam.

In the severe cases of burns, where the skin is involved thru all of its layers, the sluff is white, adherent, tough, and stringy. It has been graphically called "white gangrene." Sluffing often continues for months, and the exudate is profuse and irritating. The treatment for ordinary burns has no effect. In the early stages, an alkalin astringent prepared after the following formula gives good results:

Zinc oxid	
Bismuth subnitrate, āā	2 ʒ
Liquor potassa	
Liquor plumbi subacetatis, āā	½ ʒ
Glycerin	2 ʒ
Lime water, q. s., ad	6 ʒ

This mixture is applied twice a day, and relieves the itching and burning, and helps to keep the exudate within bounds. It should be applied over a considerable area surrounding the lesion proper. Ointments are contraindicated; Leonard believes that they predispose to malignant alterations in the tissues. Excision, skin grafting, or amputation may be demanded late in the course of these distressing burns.

Appendicitis: To Operate or Not to Operate?

1. The operation for appendicitis ought to be done in the primary stage or before high fever period. The appendix should be removed, to guard against fulminating cases and those in which rupture occurs into the abdominal cavity.

2. In the secondary period after suppuration.

Digitized by Google

drainage should be instituted, and nature left to take care of the appendix.

3. In the interval, after all symptoms of inflammation have subsided, the appendix should be removed.

The operation ought not to be done in the intermediary period when there is high fever and distention of the abdomen, because the danger from operation at this period is greater than the risk of the case becoming fulminating, or the abscess bursting into the abdominal cavity.—*J. J. Brownson, M.D., Dubuque, Iowa.*

A Remarkable Prophecy.

The following, which is known as "Mother Shipton's Prophecy," was first publisht in 1488, and was republisht in 1641. It will be noticed that all the events predicted, except that mentioned in the last two lines—which is still in the future, except the date—have already come to pass:

Carriages without horses shall go,
And accidents fill the world with woe.
Around the world thoughts shall fly
In the twinkling of an eye.
Waters shall yet more wonders do;
Now strange, but shall be true.
The world upside down shall be,
And gold be found at root of tree.
Thru hills men shall ride,
And no horse or ass be at his side.
Under water men shall walk;
Shall ride, shall sleep, shall talk.
In the air men shall be seen,
In white, in black, in green.
Iron in the water shall float,
As easy as a wooden boat.
Gold shall be found and found
In a land that's not now known.
Fire and water shall wonders do.
England shall at last admit a Jew.
The world to an end shall come
In eighteen hundred and eighty-one.

—*Pacific Med. Journal.*

WORLDLETS

Atropin, aided by appropriate diet and abstinence from water after four o'clock p. m., will cure any case of nocturnal incontinence of urin not due to organic or local causes. It is generally necessary to give enuf to cause a slight dilation of the pupils and a possible flushing of the skin, and the remedy must be persisted in over a period often of several months. The cases of failure with this drug are due to inability to persevere long enuf, or to timidity in dosage.

Impetigo contagiosa may be cured in three or four days, by the following method: Apply to each lesion a pad of gauze soakt in oliv oil, bandaging it in position for twenty-four hours. The crust may now be removed. Then apply a 10 per cent. boracic acid ointment, or a 10 per cent. ichthyol ointment, cover with the gauze and again bandage. Dress at least night and morning, and this ordinarily intractable affection will be banisht speedily, and the child can return to school without fear of infecting his fellows.

Ringworm of the scalp will be certainly cured by applying tincture of iodin to which two grains of bichlorid of mercury has been added to each ounce. The application is made often enuf to keep up a positiv dermatitis in the whole extent of the lesion, and for a small area surrounding it. It is an aid to the treatment to cut the hair short and to wash the scalp frequently with hot water and strong yellow laundry soap, to remove all detritus and dead cells from the skin.

In certain cases where patients have unusually susceptible skins, or where the bottles have been left uncorkt for any length of time, carbolic acid-camphor mixture has proven irritating. In such cases this difficulty may be obviated by adding a little alcohol, as follows:

Carbolic acid, pure....	30 parts
Camphor	60 parts
Alcohol, absolute	10 parts

The various proprietary preparations known as "vasogen," "petrogen," etc., now quite generally used in making local application of carbolic acid, icthyol, iodin, creosote, and methyl salicylate, are said to be duplicated by the following formula:

Liquid petrolatum	8 parts
Oleic acid	5 parts
Spirit of ammonia	2 parts

Mix by agitation.

This will readily take up iodin, forming a stable solution up to 6 or 7 percent. If it is desired to incorporate a higher percentage, it will be necessary to increase the proportion of oleic acid.

Pinkus and Unna recommend the following powder for beautifying the skin and for concealing defects:

Red bole	5 parts
White bole	25 parts
Magnesium carbonate	40 parts
Zinc oxid	50 parts
Rice starch	80 parts

The following formula for a lotion for the face after shaving appeals to us as a simple and admirable one. It is sold by a barber's supply house, and is taken from The Druggists Circular:

Menthol	1 ʒ
Boric acid	4 ʒ
Glycerin	4 ʒ
Alcohol	1 pt.
Water or witch-hazel water, q.s., ad.	1 gal.

Sodium nitrite, 1 grain every two and one-half hours, is of service in nearly all cases of asthma. It should be discontinued if a feeling of distention of the head or headache is complained of.

In cases where iodid of potassium is not well tolerated, add a teaspoonful of aromatic spirit of ammonia to the water with which it is mixt just before taking it, and generally the patient will no longer complain.

Please note that the subscription price is raised to $1.50 per year; but that a *discount* of 50 cents is made when subscription is paid in advance. These terms are made necessary by the new postal regulations, which forbid subscription credits as formerly, except at a greatly increast rate of postage.

Digitized by Google

OUR MONTHLY TALK.

Let us not be pessimistic. Congress has just passed a railroad bill which, while not entirely satisfactory to many progressiv thinkers, yet is a remarkably liberal bill to come from a republican Congress, particularly when Aldrich is so powerful in the Senate, and Cannon so powerful in the House. We can easily say that the reactionaries "had to" grant as much as they did, and were glad to not be compelled to grant more; for the insurgent republicans and democrats were "after them, hard." Yet, this railroad bill is a remarkable production, considering the power that the railroads have always had in Congress, and it marks a distinct advance in the control of corporations. The old-time populists used to say, "We must own the railroads, or the railroads will own us." This sentiment was then regarded by the conservativs as "rot." Now it is generally admitted that we must at least *control* the railroads or the railroads will control us. And if we are ever to own the railroads, such legislation as that just achieved by Congress will smooth the way to public ownership, and help to make operation by the Government practical and successful. And when such men as Cannon, Aldrich, and Hale get out of Congress, which they will soon do, more progressiv legislation will be much more easily obtained than that just achieved.

I have known many patriots at heart who were hopeless of conditions becoming better, saying, "The corporations have us by the throat, and there is no hope except by bloody revolution." I have always condemned such sentiments, and have tried to inspire hope and patience. But it is better to be patient and *determined*—ever grasping every opportunity to promote the spreading of progressiv thought, in all parties and in every possible community. Those early Farmers' Alliance men, then later the populists, and still later the Bryan democrats, and still later the insurgent republicans, are now seeing the adoption of many of their ideas, against our former corporation masters. I mention this here, and emphasize it, in order to show you that it *is worth while* to determinedly cling to your independent ideas and push them vigorously, whatever party you may belong to, for if your ideas are really along the line of progress (and you should strive to make them so), you may feel sure that they will win in the end. You must be able to bear ridicule when you are too far in advance of the masses, but you will be vindicated if you are right.

I used to think that neither the democratic nor the republican party would ever "get right" on economic questions, but the Bryanization of the democratic party gave me hope that it would be the party to solve the people's problems. But the Roosevelt administrations, and the strength of the present "insurgent" element in the republican party, has given me hope that the republican party might be the first to meet the demands of justice to the masses, in spite of the strong conservativ and corporation element in that party. Some very strong and radical speeches have been made by the insurgent republicans in Congress recently, particularly in the Senate. And ex-Forester Pinchot, a strong Roosevelt republican, made a notable speech at St. Paul, June 11th. Here are some of his expressions on that occasion:

The alliance between business and politics is the most dangerous thing in our political life. It is the snake that we must kill.

The Sugar Trust stole from the government like a petty thief, yet Congress, by means of a dishonest schedule, continues to protect it in bleeding the public.

A representativ of the people who wears the collar of the special interests has touched bottom.

Clay hardens by immobility—men's minds by standing pat.

The black shadow of party regularity as the supreme test in public affairs has passed away from the public mind.

It is a greater thing to be a good citizen than to be a good republican or a good democrat.

Morality has broken into politics.

Political leaders, trust-bred and trust-fed, find it harder and harder to conceal their true identity.

To try to divert the march of an aroused public conscience from this righteous inevitable conflict by means of obsolete political catchwords is like trying to dam the Mississippi with dead leaves.

So you see, things are coming our way—the people's way. However, we should not "rest on our oars," but keep demanding better and better legislation from our representativs. To do this the most effectivly we should vote regardless of party. I have in mind particularly your vote for congressman next fall. Don't vote for an old-line democrat nor a "stand-pat" republican. If you are a democrat, choose an insurgent republican rather than a democrat of the old sort. If you are a republican and have a choice between a "stand-pat" republican and a Bryan democrat, choose the latter by all means. Make it plain to your friends that the old party tests will not do any longer. If you want to make your party what it ought to be, refuse to support the wrong kind of men, when your party puts them forward for your vote.

Two New States.

Two new states will be added to our flag by the recent action of Congress: Arizona and New Mexico. Now these two states have an opportunity to show us what they can do in the way of modern constitution making. A written constitution is an undesirable thing, if it prevents the people from getting what they want at any time. Our National constitution and nearly all of our state constitutions have been guilty of this very thing. They have been obstructions to progress. Why should we at any time tie our hands for the future? The ideal constitution should be very short. It should simply provide for the form of government in skeleton outline, including provisions for the Initiativ, Referendum, and Recall; and then with this simple machinery the people could govern themselves according to their desire, and nothing that they would do would ever be "unconstitutional," as their will exprest by these simple methods would always be supreme. Now the older states have to go back and correct the imperfections of their constitutions by passing an Initiativ and Referendum amendment. Arkansas, as you know, will vote on such an amendment September 12th. On May 17th Denver added the Initiativ and Referendum to its charter, and the Governor of Colorado will call an extra session of the legislature for August 1st to submit an Initiativ and Referendum amendment to the state constitution. I expect that the legislatures of several states will submit such an amendment, to be voted on two years hence. Will your state be one? It is sure to come in all the states, so your state might as well be well up to the front instead of at the "tag end." However, I expect Pennsylvania to be one of the last to take this forward step, as the corporation influence is so strong in

Digitized by Google

"Talk" may be separated from THE WORLD by cutting this leaf on this line. Then "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

this state; but when all or nearly all the other states have done so, no state can lag permanently behind.

The Campaign in Arkansas.

The campaign in this great and promising state is progressing satisfactorily. The amendment is before the people for adoption or rejection at their state election September 12th next. It is not a campaign of contention, but purely one of education. The people have to be taught what it means to them—that is the only task, but that is sometimes a big task, particularly if the time is short. I hope that every doctor will be a centre of information and influence for this amendment, which is locally known there as Amendment No. 10. The present Governor (democratic) is a candidate for re-election, and he is earnestly in favor of the amendment, and both the democratic and republican state conventions have resolved in its favor. Some small politicians who look for graft under the present system, and ignorance in the back counties, are the only forces against it.

Among the expressions that have come to me from Arkansas are the following: Dr. S. W. Douglas, of Eudora, writes:

I have not only talkt for the Initiativ and Referendum, but have publicly debated it. I shall continue to agitate the matter till polling time. I am just out of school and have been at Eudora only two months.

Here is an indication that the *young* men are "up to snuff." It is a glorious thing to be a young man and up with the times; but it is a more glorious thing to be an old man *who has not fallen behind.*

Dr. W. I. Stokes, of Hope, writes that he is very much in sympathy with the Initiativ and Referendum movement, and as he is the representativ-elect from his county, he would like to know more about it. I sent literature to him.

Dr. M. C. John, of Moscow, incloses a couple of clippings from the Arkansas *Gazette against* the Referendum, and says:

Personally I am very grateful to you for the great amount of work you are doing for our state, Arkansas. If you have time and space, I should be glad to have your reply to this clipping.

I admire the fairness of your Bible views. They have been an inspiration for thought and study. By all means let the Camp Meeting continue.

The objections in the clippings are very weak indeed. They show an utter ignorance of the practical workings of the Referendum where it has been in use for years. Senator Bourne, of Oregon, recently delivered a notable speech in the U. S. Senate, giving the practical workings of the Initiativ and Referendum in Oregon and the results. I sent a copy of this speech to Dr. John, and this will "settle" the objections of the Arkansas *Gazette* if the editor will read it—and I suppose that Dr. John will ask him to read it. By the way, I have a few hundred copies of Senator Bourne's speech to send free where they will do the most good. One will be sent free to every Arkansas doctor requesting it, as long as they last. Get one and take it to your local editor and *show* him how it works in Oregon, and tell him it is his duty to advocate it for Arkansas. Write articles yourself for publication in your local paper.

Dr. W. H. Lewis, of Athens, writes:

I have taken the matter up with my local paper, and am doing all in my power for the success of amendment No. 10.

I shall write a letter to the editors of six county papers once a week from now till September.

If every doctor in Arkansas would do that, *they* could carry the election without any trouble. Indeed they could carry anything that they would unite on with such enthusiasm. Doctors do not use their power as they might.

Dr. A. Kellett, of Newport, writes:

I read with pleasure your views on the Initiativ and Referendum in April and May WORLDS. This is practically the salvation of the South. We are a city of about 4,000 people, and have recently petitioned liquor out for at least two years. I will have a talk with our editors, and do my utmost in every way in its favor.

Here is a message from Oregon, in the form of a letter from an old friend, which I think will interest you:

611 HIGH ST., OREGON CITY, ORE., May 21st.

DEAR DR. TAYLOR:—The May number of THE MEDICAL WORLD, handed to me by my friend W. S. U'Ren, again reminds me of my sins and your virtues. I have been paving the lower regions—tho there is no such place in my religion—with good intentions about subscribing for *Equity*, but I am on the move, with my foot in my hand, and don't know just when I will be permanently located.

Anyway, I don't have to be settled to say that you are doing a world of good. You are taking advantage of your opportunities to stir up the doctors to thinking about things as they are and as they should be; and that is well, because doctors, especially those in the country and in small places, are generally influential men. I wish that every doctor would go into politics; not as a party man nor for office, but for the good influence he can have in his community. I should think that any doctor who gives serious thought to tuberculosis, not to mention any other pathological condition of society, would see that the public health demands right conditions of living, and that these right conditions must be brought about by political action.

In advocating Direct Legislation I believe you are doing the first thing first; you are trying to get power into the hands of the people, where it belongs. "The rights of the people are safe with the people." If the doctors and the people generally only knew how much political power is worth to the small governing class in this country, and how it enables that small class to levy tribute upon producers, something very sudden would happen. Perhaps we may live to see that something come gradually; but, anyway, the ball will keep rolling.

If the readers of THE WORLD were all in Oregon, they would perhaps appreciate the value of Direct Legislation, because the big corporations are trying their best—and their worst—to persuade the people that it is a very bad thing; and they have some subsidized papers to help them. However, there is one advantage: A sensible man in this state can always know how to vote right by voting against the Portland *Oregonian*, which is as fine an example, or type, of the Mistress of Privilege as can be found anywhere; and the kept newspaper is a far greater menace to society than the kept woman.

Isn't it joyous to live in these days of insurgency, when the world is labor with democracy? And isn't it bully to have some Direct Legislation ergot to help things along (do doctors use ergot now?). And won't it be bully to get rid of the infecting midwives of legislation, who poison everything they touch?

More power to you, Doctor, and more circulation for THE MEDICAL WORLD. You are preparing the way for the Lord, which is the Truth, isn't it? Anyway, the Truth is good enuf, especially when so many persons seem to think it is more fatal than confluent smallpox, and ten times as infectious—judging from their efforts to avoid it. Medical men, especially, should aid in spreading the Truth, of whatever kind; for to the extent that they are scientific men they are seekers after the Truth, while lawyers are seeking for precedent.

Yours very truly, W. G. EGGLESTON.

Class Meeting.

And now I am expected to say a monthly "say" on religion; but my mind has been so occupied with other things lately that it is hard to settle down to it. As it is early yet for camp meeting, we will still call it "class meeting." And the leisure day to go over that accumulated pile of letters has not come yet—the meetings of the American Medical Editors' Association and the A. M. A. at St. Louis, with incidental stops, took nearly two weeks out of this month.

I wanted to say a little more about the "much ado" in the Presbyterian General Assembly at Atlantic City last month. Here are some head

Digitized by Google

lines and a small portion of the report in the Philadelphia *Ledger* for May 26th:

HIGHER CRITICISM CALLED A CURSE.

AGED MINISTER WEEPS IN DENOUNCING ACTION OF PRESBYTERIAN SYNOD.

HERESY DECISION TO-DAY.

Dr. Fox quoted from a recent book by Prof. George William Knox, of Union Seminary, to show that he held heretical views on the resurrection. At this point Dr. Forbes contradicted Dr. Fox, who had stated that the three heretical young men said they did not believe the tomb where Christ was buried was empty after the resurrection. It was here Dr. Fox called the whole affair the curse of the higher criticism, when he broke down. When he resumed he said:

> "I beg your pardon, brethren. We have been under a great strain. The trouble is that these young men have no Bible. Really they have had their minds turned and twisted by a little book which I have here, by Professor Knox, on the Gospel of Jesus. He tears the leaves out of the Bible. Here is another book, by the Rev. A. B. Vernon, a Congregational minister, in which, after tearing the Old Testament to rags and tatters, he goes on to the New Testament. That is the kind of teaching these unfortunate young men have had poured into their ears for three years."

Now, I wish to ask candidly, what difference does it make in the practise of morals and ethics, whether one believes in such things as the resurrection of Lazarus or the virgin birth of Jesus, or not? In what way would such beliefs make one better? If the Almighty really performed such things as the bringing to life of Lazarus and Jesus after they were dead, and expected to make the belief of said performances a test of "the faithful" for all future time, would not the location of such remarkable and important occurrences have been markt, and the events commemorated in a befitting manner? And what do we find? The tomb of Jesus has never been located with certainty; and Bethany is but little more than a dunghill. I know, for I have spent many days in and about Jerusalem, and I was specially interested in locating the place of the crucifixion and burial of Jesus, but I found that the best authorities differed, and none were certain; and I well remember my disgust at Bethany. And I didn't go to the Holy Land as a critic. I went as a sincere and serious student and searcher for truth. And I wish to say, after deep study and ripe contemplation, that I hope the time will come when an intelligent man's "religion" or righteousness will not be measured by his belief in such traditions as those above referred to. I am addressing doctors—a class of men and women who are supposed, by their mental training and their nearness to Nature, to be able to lay aside early training, and meet an intellectual issue squarely, candidly, and courageously.

It is pitiful to see old men weep because young men, with minds better trained, cannot believe such things as those above referred to. Young men whose minds have received modern training know that such beliefs are not only mentally impossible for them, but they know that they are *unimportant*. Character is made of other stuff. We are saved from sin not by such beliefs, but by avoiding the paths of sin, and learning the way of righteousness. *This* is religion; and those old beliefs are only traditions. Those old traditions can throw no light upon our present problems—have no bearing upon our present life. Let us preserve these old traditions just like we preserve other lore, but let us unite upon the basis of character and righteousness, and not make a belief in certain old traditions a supreme test of "the elect." Real religion cannot consist in such old beliefs. In order to build and maintain character and guide us aright, religion must consist of principles of ethics, fraternity, and truth, as illustrated by many luminous lives, notably that of Jesus.

* * *

Two religious letters have been put aside for me in my absence, and here they are:

SPRING GROVE, ILL., June 8, 1910.

EDITOR MEDICAL WORLD; DEAR DOCTOR:—I endorse every word of your recent religious writings; and while I would like to see such opinions in print more often, I realize that continuous discussion is impossible in a medical journal. The majority of people do not seem to realize that we do not judge religious beliefs like we do other matters—that is, according to facts and evidence, but continue a belief because their parents subscribed to it. There is no fact more easily demonstrated than that religious belief is merely a matter of where you were born. I am pleased greatly that THE WORLD with its wide circulation puts this matter before so many men who no doubt will be favorably influenced, and thru them many others. I heartily endorse also your Monthly Talks. I recently subscribed for four years as evidence of my appreciation of THE WORLD, especially its valuable editorials and practical medical ideas. JOHN C. FURLONG.

PERSIA, IOWA, June 7, 1910.

EDITOR MEDICAL WORLD; DEAR DOCTOR:—I received a notice on June copy of your paper wanting pay for another year. I can't do it; your religion publisht is a disgrace, and a slur on Christ. I would feel guilty if I continued taking it, and might be held responsible in the future for encouraging such teaching. Please stop the paper. Yours truly, J. N. MEDILL, M.D.

Now, to be fair, we must admit that both of these brothers are honest and serious. Perhaps the difference is, as Dr. Furlong says, "where we were born." Most people accept the teachings of their environment and look no further. And when they are "hit" with something different, it is, to them, "all wrong," "dangerous," etc. Possibly we have all "been there ourselves." I have, and I have only sympathy for those whose notions receive a rude shock. Only a strong faith in the Almighty, the mysterious and all-pervading One, to Whom all the children of men are the same, and Who measures men, not by their beliefs in ancient lore, but by their hearts—their motivs and their acts—only a strong faith in Him will prevent those whose establisht notions receive a shock from breaking from their moorings and drifting aimlessly away. But you, as a mature and rational being with a well-trained mind, *must have* that faith which will protect, and that confidence in truth that will convince you that truth is not dangerous—that truth cannot lead astray.

I feel particularly interested in and concerned for my Catholic brethren. Their training has been so different from mine, and naturally their ideas and ideals are different. I appreciate the toleration of those who have stayed with us—and I was gratified to notice not long ago that the Catholic brother who committed THE WORLD to the flames last autumn has again joined us. I feared that he was gone forever; and I am delighted to know that he is again with us. I have not discust the matter with him, and do not wish to. It is enuf to know that he is one of us again. Our training from childhood makes these matters of ancient history very serious and important matters to us. Those of us who have gotten what we think is the true perspectiv know that these ancient matters are *not* vital to our lives and duties at the present time. If a man who

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII AUGUST, 1910 No. 8

Menstrual Pain.

Text-books are notoriously deficient on the therapeutics of this common trouble. They separate it into numerous classifications or varieties, when it is admitted that it is impossible to make any diagnostic differentiation between them, and thus further add to the confusion in the mind of the physician who seeks to relieve his patient. Quite generally they advise the practise of dilation of the os, or of curetment, in conditions where the experienced physician knows such methods are absolutely useless; and the same advice is given in conditions where such procedures only afford relief during one or two succeeding menstrual flows. General practicians feel grievously the lack of this information. The older men had practically no instruction in gynecology during their school days, and the younger men have been taught nothing but such surgical procedures as those mentioned. Both soon become disgusted by their incapacity.

Women afflicted with dysmenorrhea look forward, dumbly and hopelessly, to the next period of pain, with a fortitude no man could muster. Tradition, training, and a misconception of Biblical teachings have deeply implanted within them the idea that this endless suffering is their divinely appointed penance for existing as a daughter of Eve. Helpless husbands are distracted; loving fathers are worried; nervous systems are shattered by the repeated devastating storms until physical wrecks result; and the nostrum vender reaps a rich harvest. These poor victims seldom appear in the consulting room of the physician, because of their innate belief in the righteousness of their suffering, because of their natural modesty (as they understand the word modesty), and because their suffering sisters have told them that if the physician attempts to help them it will only be after an embarrassing examination of their generativ organs, and by the recommendation that they submit to a surgical operation. A simple dilation or the equally simple curetment convey, alike, to their minds, all the horror of any surgical operation.

The actual condition is a reproach to the profession, and the majority of medical men know it. Too many physicians are content with existing conditions, and smother their consciences thru their indolence, ignorance, or natural trend toward quackery. Many physicians are not content, but know not how to practise on a more exalted plane. We have given editorial attention to this matter before, but lately many requests have been received from various sections asking for information which we know is not obtainable in the ordinary books, hence we give the point attention again, and we

Digitized by Google

hope that all who are interested will preserve this article.

Dysmenorrhea is ovarian, uterin, or a combination of the two, when one considers the origin of the pain. If the pain precedes the appearance of discharge, it is said to be ovarian; if the pain appears when the flow does and continues during the discharge, it is said to be uterin; if it precedes the flow and persists during the discharge, it is said to be both uterin and ovarian. There may be a pathological condition present in either the ovary or the uterus, or such may be present in both organs acting as the cause of pain; in other instances the pain is purely functional and no abnormality in structure exists. In actual practise, it is impossible, in most cases, to make any differentiation between the varieties, tho an occasional case presents itself which is without doubt in one of these classes. Pathologically, the causes are:

1. Imperfect development of uterus and ovaries.
2. Small contracted or large cystic ovaries.
3. Displacements.
4. Endometritis.
5. Inflammation of the tubes.
6. Fibroid tumors of the uterus.

In only the fourth and (in polypus or very small submucous fibroids) sixth divisions can curetment do any good, while in the first, second, and fifth divisions it will do positiv harm. The experienced specialist frequently errs when he attempts making a differential diagnosis between these conditions, and it had better not be essayed by the general practician. Hence, curetment, for dysmenorrhea, is better unperformed by the doctor in general practise. It seldom does good, and may do much harm.

The first class includes many cases, and of course one intuitivly knows that prophylaxis is the proper treatment. Perhaps our granddaughters' grandchildren may concede to their physicians the right to give counsel in regard to the clothing, schooling, and hygiene of the girl approaching puberty, but American parents of to-day do not. The less said about it the better, for this is not a lecture on reform, but a plea for betterment of existing evil conditions as found. We first see our patient after the harm has been done, and usually there is no help for her; or if help there be, it will be thru a long course in the hands of the conservativ gynecologist. Yes, we may say to the doubter, there are such men; tho few there be, there will be more in future, we surmise.

While the second class will often require operation, at some time, it is generally possible (if the time for operation has not positivly arrived) to relieve them by medication. The third class is treated by tampons, pessaries, and tonics, in addition to the measures directed toward the pain at the periods; while sometimes operation is the most logical treatment. The fourth class requires curetment, as a rule, tho medicin may prevent any necessity for operation in some cases; and medicin is always necessary after curetment, either internally or locally, or both. The fifth class belongs to the surgical class, as does the sixth, tho medicin is useful as a relief measure in many cases.

Women universally know the benefit to be derived from heat in the menstrual pain. They often "go to bed to keep warm" at this time. This is good treatment, and it can be well suplemented by hot sitz baths, hot foot baths, and by hot vaginal douches. The vaginal douche may be given at a much higher temperature than is possible with the ordinary syringe nozzle, if one of the expanding vaginal nozzles be used fitted with a vulvar pad to retain the fluid within the vagina, and a return tube to conduct it back to the vessel without its coming into contact with the sides of the vulva. The higher the temperature of the water, the greater relief will be experienced from the douche, and the more prolonged will be its effect. These procedures are applicable to almost all forms of dysmenorrhea. In fact, nearly all the measures of relief which we shall numerate are applicable to any form of dysmenorrhea; for, as already stated, it is seldom possible to differentiate between these varieties.

Fifteen drops of the fluidextract of hydrastis, and thirty drops of the fluidextract of viburnum prunifolium, given three times a day, over a long period, exercises a positiv trophic action on the uterus and adnexa. In many cases the following combination will solve the difficulty, if it be begun several days before the expected period and continued until the flow disappears:

Tincture gelsemium
Tincture cannabis indica, āā,.....3 dr.
Tincture cardamom compound, q. s.
ad .....3 oz.

Mix, and direct a teaspoonful before meals and on retiring.

The coal tar derivativs are of service in relieving the pain, and have no danger of

Digitized by Google

engrafting a habit, as does the use of morphin. If there is any heart trouble, it is better not to give them, tho danger of this kind may be guarded against by giving a half ounce of whiskey, or a single dose of strychnin with the first dose of the coal tar drug. Monobromate of camphor, hydrobromate of hyoscin, or strontium bromid will quiet any undue nervousness not due to actual pain. If there is sleeplessness, in the absence of actual pain, veronal in 7 to 10-grain doses, on retiring, will secure good sleep; but unless pain has been relieved, it is generally useless.

A good combination in many cases is found in choral hydrate and viburnum prunifolium, as follows:

Chloral hydrate ..... 100 gr.
Fluidextract viburnum prunifolium. 1 oz.
Simple elixir, q. s. ad..... 4 oz.
Mix, and direct a teaspoonful every hour till relieved.

A dram of the aromatic spirit of ammonia, in water, every three or four hours, will serve admirably as a stimulant. It is almost as good as whiskey, and fits in well where there are scruples on the part of the mother about giving liquor to a child. Acetate of ammonium has great power in many cases of menstrual pain, and it may well be combined with ipecac to keep up the skin action till the flow is fully establisht, as in the following prescription:

Liquor acetate ammonia..... 4 oz.
Ipecac ..... 3 gr.
Mix, and order a tablespoonful in water every two or three hours.

Cimicifuga, in the congestiv variety, is efficient, and may be given in repeated doses until relief is experienced. Ten grains of camphor, in mucilage and cinnamon water, repeated in one or two hours, if required, was one of the favorit treatments of Dr. Dewees. Caulophyllum, given thru the intermenstrual periods, is of great service in spasmodic pain during the continuance of the flow. If the discharge is either too scanty or too profuse, and is dark and clotted, pulsatilla may be given in 2-drop doses hourly during the flow, and smaller doses during the intermenstrual periods, with great promise of success. In either the neuralgic or spasmodic forms, or in cases where the discharge is dark and fetid, with crampy pains and chilly sensation, belladonna, in full dosage, may be given by suppository or by the mouth, with certain success. Aconite, begun early, is a great aid in all varieties of dysmenorrhea; it is discontinued, of course, as scon as relief is experienced. If there be suspicion that the pain is due to congestion, pure and simple, ergot will serve well when given just before or on the onset of the flow. Inhalation of a nitrite of amyl pearl will generally bring relief almost as quickly as a hypodermic dose of morphin. Only as a last resort is it ever permissible to give morphin. There can be no condition where the danger of habit formation is greater.

During the intermenstrual period, the physician should exert himself to detect any cause for the trouble, and to remedy it. Thoro examination is to be made of all the pelvic organs when other measures have failed to bring relief, but often it will not be found necessary in the hands of the earnest physician; and the more experience he has, and the greater amount of study he devotes to each individual case, the less often will he have to suggest it. Anemia and constipation are to be treated just as if there was no menstrual pain. Leucorrhea is to be banisht by the ordinary medication, if possible, as it acts as a positiv drain on the system, and has a bad psychological effect on the patient. Of course it is generally a symptom of the same cause which is manifested by the menstrual pain, and will disappear when it does, but it may often be banisht prior to that time.

Editorial Individuality.

[Read before the American Medical Editors' Association, at its annual meeting in St. Louis, June 4, 1910, by Dr. C. F. Taylor, Editor of THE MEDICAL WORLD.]

This is one of those things which is easy to recognize, yet hard to define. Perhaps we can approach it best by stating what it is not. It is not that dry, prolix, cold-blooded style of journalism which is absolutely colorless, and attracts few and enthuses no one. Neither does it go to the other extreme and indulge in the kind of "personal journalism" which notes the unimportant movements of individuals, personal gossip, slanders, etc.

However, every kind (every legitimate kind) of journalism has a field of usefulness, even the "personal" kind. But we wish to confine our consideration to *medical* journalism. All will readily agree that "personal" journalism has very little, if any, place in the field of medical journalism. But must we leave out "editorial individuality"? Must medical journalism necessarily be "dry as dust," and every line of it coldly scientific? Is there no place in it for the editor as an individual?

The purpose of medical journalism is to serve the needs of doctors—and every doctor is an individual with individual needs. These needs are largely scientific needs, but not entirely so. The doctor as a doctor has many needs not met by medical books; and the medical editor who does not recognize these needs and endeavor to respond to them does not appreciate his oppor-

Digitized by Google

tunities for service. Here is the place for the exercise of editorial individuality.

The doctor must necessarily be a business man. What will the medical editor do to help him in his business relations to his patrons, and also in his business relations to the world in general? This alone is a large field of usefulness for the medical editor who will speak out boldly. Not only is the "dead-beat" patient to be warned against, but what is more important is to devise plans by which the doctor can make collections from his responsible patrons and yet hold their patronage; for it is well known that much is lost by neglect of collections, and patronage is lost if collections are not made in a discreet manner. Then, when collections are successfully made and in bank, what is the most judicious use for the average doctor, as usually situated, to make of the same? and how shall the surplus, if any, be invested? Here is a wide and useful field for the exercise of "editorial individuality."

The doctor has peculiar relations and duties to society in general, and to his own community in particular. Here is another wide field in which the medical journalist can exercise "individuality." This kind of information is not found "in the books."

The relations of the doctor to the public, in his capacity as a citizen, is another wide field; but this is "politics"; and few medical editors have the temerity to venture into a field so controversial. Even more so is the field of religion. Certainly the medical editor must possess an intense individuality, together with a non-commercial indifference to the effect on his subscription list to essay into the fields of politics and religion. Yet these two fields are of perennial interest and great importance; and doctors cannot escape the duties in both without the grossest neglect. And why should not a journal devoted to the needs and duties of doctors touch judiciously upon these subjects, and the medical man's relations to them? Why should a medical journal which invites and welcomes communications from the ranks of the profession not accept an occasional communication on these subjects, free from partizanship or sectarianism? and why should not a medical editor express himself on these subjects, in a non-partizan and non-sectarian way?

A medical journal is supposed to be a publication devoted to the science of medicin and the practise of the same. But the practise of medicin involves all that has been mentioned above. Then why should not a better definition of a medical journal be a publication devoted to the needs of the medical profession? This view gives wide scope to the exercise of "editorial individuality." And perhaps the time will come when subscribers will expect medical editors not to be colorless and non-committal, like the average professor of political economy, but virile, and able and willing to express himself on any subject which concerns the medical profession or the individual doctor, and do it freely and frankly, but with ripe judgment.

I wish to take this occasion to thank the President for asking me to write on this subject, which, he said, expresses my particular kind of work in medical journalism. And perhaps some here would like to ask about the results of this work. Perhaps the first question would be, have you lost subscribers? To this I will frankly answer, yes. I have always lost subscribers, particularly since beginning what might be called "expanded," or "broad" medical journalism in 1894. It was then that I began the department called "Our Monthly Talk," being devoted to public questions, economic, sociologic, and political, particularly as affecting the interests and work of the medical profession. I immediately began to receive letters protesting against "such things" in a medical magazine, and stopping of subscriptions. But after an editor (particularly if he is his own publisher) has deliberately determined upon his course, he should not allow the loss of a few subscriptions to change his policy. He should not be like the shifting sands, but like a rock.

The physician who takes up the editorial quill for the sole purpose of making money has sadly missed his calling. He is likely to fail, and he should fail in such an ignoble purpose. But the worst is, that he is likely to injure a calling into which only those who wish to serve the medical profession should enter. And the best service cannot be given by hesitating and changing policies. The editor who will do or not do anything to gain a subscriber will never do any good, and in the end will fail as an editor; and he deserves to fail. Only strong, resolute, and steady policies will succeed in gaining and holding the adherence of any considerable portion of the medical profession.

Yes, I have always lost subscribers, particularly since the beginning of "Our Monthly Talk" in 1894. The inauguration of a step toward simplified spelling, somewhat later, caused another slump, and I still lose an occasional subscriber on that account. During each presidential campaign the "Monthly Talk" necessarily takes a decidedly political turn—for I have no patience with a man who fears to face an issue, and I would lose respect for myself if I should fail to face issues boldly as they arise. So upon those occasions some extreme partizans on the other side will stop their subscriptions. A little over a year ago, I don't know whether fortunately or unfortunately, the subject of religion was started in our columns. I did not see why doctors should not talk with one another thru their journal on this topic, with suitable editorial supervision, so I permitted it to continue, contributing to it reasonably myself. What is usually called religion is supposed to bring people together, and make them broader and more tolerant, improving their dispositions in this world, and prepare them for a better world; but these things are not true. Try it and find out for yourself if you doubt this statement.

Perhaps you will conclude from the above that I have no subscribers left; that I have broken all the establisht rules and violated all the traditions of medical journalism, and driven away the last outraged subscriber. If I had access to my books (am writing this on the train) I could give some interesting figures. From memory I can say that my list of paid subscribers has multiplied several times since inaugurating the policy outlined above. Also my editorial work has become vastly more interesting than before. I feel that my usefulness has increast greatly since inaugurating this policy. And in spite of numerous withdrawals of subscription support, yet it has been during this period that my annual subscription returns have exceeded my returns from the advertising department—a thing which never occurred before—nowhere near it. And there is a great satisfaction in looking upon one's sub-

Digitized by Google

scription returns as his chief source of income. One feels that he really earns such an income. An editor-publisher whose subscription returns enable him to be indifferent as to his advertising patronage, has much more time to devote to his editorial work, and he finds much more pleasure and satisfaction in it.

A natural question here is, do the disgruntled subscribers come back? or how do you account for the great increase? Of course the *increase* must be from new sources. As to whether or not the subscribers who have withdrawn come back, I don't know, as I have never had that matter investigated. However, the following recent observation was made accidentally: Last autumn I received a distressing letter from an old subscriber and occasional contributor, protesting against the religious matter then (and still) running, saying that he had burned the last issue received, and commanding that no more be sent; and if they came they too would be committed to the flames. I did not before know that he was a Catholic—and Catholics take religious matters very seriously—properly, of course. It seemed that the journal which I publish had long been his "pet" journal; and that his wife and some of his older children also read it; but when it contained non-Catholic religious views, he could not receive it into his home. I could only feel sympathy for him, and could not really blame him for his course from a Catholic point of view. But I could not allow one subscriber (nor many, for that matter) to change my course. All I could do was to regretfully say "Good-bye." Not long ago a contribution came into my hands, and I noticed with satisfaction his familiar name. And I noticed with still more satisfaction the familiar "sub." in red ink which my subscription department had entered on the manuscript, indicating that he was a paid-up subscriber! So the brother came back! and so soon! Of course I said nothing, except what I am saying here to encourage my brethren of the quill to pursue a policy steadfastly, after deliberately deciding upon it. If doctors really want our work they *will* have it, even tho they have to sacrifice to get it. That should encourage us to pay more and more attention to our editorial work, and strive to give it an *individuality*. When we meet the individual needs of our subscribers, it pays them to stay with us from year to year, and they will do it, and bring new adherents with them.

Business Talk to Doctors.

Mid-summer does not stop the fakes. The fakirs are always hungry, so they continue offering their wonderful propositions to you at all seasons of the year. Their ingenuity seems endless. Some plausible ones I have thought were pretty good propositions; but they all turn out to be fiascos or worse. One of the last that has come to my attention was a *wonderful* slate quarry; promoted by a firm of "bankers and brokers." Investigation proved it to be a *worn out* slate quarry, subject to overflow twice a year, and the "bankers and brokers" had a small office at the top of a building.

And so it seems to go. All those generous people who want to make you rich, only want to make themselves rich and leave you poorer. Don't try to get rich on your investments. It is better to keep your money safe, even without income from it, than to lose it—and you will surely lose it if you hand it over to those people who say they want to make you rich. But you can do better; you can put your money in safe bonds and get from 4% to 4½% income from it; or you can, in most communities, lend it on safe real estate security at 6% interest—and that is enuf. Better do that and *get* your interest and keep your principal safe than to try to do better and lose all. See the following letter concerning one of the most plausible of the schemes that have been seeking the patronage of doctors:

C. F. Taylor, M.D.; Dear Doctor:—In July World, page 287, you warn against Florida swamp land. I and lots of other people in this vicinity bought land on monthly payments from the Everglade Land Sales Co. in Kansas City. I wrote to the Governor of Florida and received a pamphlet from the Commissioner of Agriculture praising the Glades. We paid $30 an acre, supposing the Co. got the land for about $5. But the investment seemed so "enticing and plausible" that we bought. You could save us lots of money if you told very soon what you know. We have the right to stop payments for two months, and I shall see to it that nobody pays, and I hope to hear from you in this time.

Very respectfully, Dr. Julius Frankl.
Sidney, Mont.

Dr. J. J. Taylor, editor of *The Medical Council*, has investigated this scheme very fully, and is keeping his readers posted thereon. The following will appear in the August issue of the *Medical Council:*

LAND IN THE FLORIDA EVERGLADES

To The Medical Council:

Kindly advise a far westerner regarding the Florida Everglades Land Company.

This company is selling tracts of Florida Everglades and meeting with much success in the West. Opinions of *Council* and readers will be very valuable to me regarding this proposition.

Ogden, Utah. Dr. George Wesley Green.

Isn't it pathetic to see the people of far-away Utah being workt for Everglade tracts while Florida people are being workt for northwestern orchards? Doctor, Utah is rich and there are golden opportunities right near home. Fortunes have been made there and will be again.

Who has not heard of the Everglades? An air of romance and mystery has long lingered around "The Glades," where the Seminoles made their last stand. Surmise and wonderment have combined to make the credulous believe almost anything about the marvelous wealth of this tract—"when once it is drained." As a matter of fact, it is no better and no worse than the average Florida land. As shown in the issue of the *Saturday Evening Post* of July 9, 1910, there is wealth to be obtained from the *best* Florida land

Digitized by Google

(the hummocks, found in small isolated tracts) by skillful, scientific, intensiv gardening. However, it is a learned profession and requires large capital. We have received letters from physicians all around the Everglades, and we publish the following as a fair representativ of them. As it affects their own locality obviously the doctors do not want their names publisht.

FLORIDA, June 13, 1910.

Dr. J. J. Taylor, Philadelphia, Pa.:

DEAR DOCTOR:—Your letter of inquiry relativ to Everglade land duly received and noted. I am sending you a newspaper clipping that will explain itself, and will give you much valuable information in regard to the Everglade proposition.

Unfortunately, thousands of acres of this land have gotten into the hands of the land speculators who, of course, are in it for what they can get out of it, and many of them are using very questionable means for marketing these lands, so the prospectiv purchasers must deal with them with caution or they will surely get their eye teeth cut. While there are thousands of acres of very fertile lands in the Everglades which will be very valuable in a few years, there are at the same time thousands of acres of land in the Everglades that are absolutely worthless, and nothing but white sand.

I think that *selected* Everglade land at $40 per acre would be a good investment, but purchasing these lands from these land companies and allowing them to make the selection would, to my mind, be very poor business judgment indeed, and altogether too much like buying a pig in a bag.

My advice would be to buy no Everglade land except on personal inspection.

My advice to any who are interested is to come and look into this matter themselves, and not take any one's word for the matter.

I hope I have given you such information as will be of use to you in helping the brethren to avoid making bad investments. I want to tell you right here, Dr. Taylor, that I value *The Council* as one of my most valuable journals, and am always looking forward to the arrival of the next number. I certainly appreciate the work you are doing to help the struggling doctor.

EVERGLADES.

The proposal to drain the Glades achieves very slow progress. J. C. Wright, Chief Drainage Engineer, delivered a very instructiv and stirring address before the Florida State Bankers' Association, May 6, 1910, in which he urged the State to take up and push the project. This address was publisht in the Jacksonville, Fla., *Times-Union* of May 7th. His physical description of the Glades is very gratifying to any one interested in physical geography. However, he demonstrates that the entire tract is worth nothing until a very comprehensiv and costly system of drainage is completed. When that will be done no one knows. In our opinion there is prospect of far quicker returns from the reclamation of swamp lands in other portions of our country than in the Everglades. If you have swamp lands in your vicinity, look to them. If not, probably there are other riches near you just as good or better. Many hills look green only because they are far away.

❧ ❧ ❧

The land "owned" by these Swamp Land companies has not been even surveyed—it can't be surveyed until it is drained. If you will notice, your purchase from them does not give you title to any particular piece of land—that is to be attended to later; perhaps long after your money has been paid. And then perhaps you will get a patch of white sand. These land companies are after your money; and when they get that, you can look out for yourself.

An Illinois brother writes this letter:

DR. C. F. TAYLOR; DEAR DOCTOR:—Inclosed find stamps for which please send me December, 1909, and January, 1910, MEDICAL WORLDS. I want to use the collection letters, but have misplaced those copies.

By all means continue the business talks. I actually believe they are worth more dollars to the profession than anything else in THE WORLD. Your advice about investments in farm mortgages at home is sound; but in this country, where farm lands are worth $250 per acre, it requires a larger amount to get a mortgage than most doctors have to invest. I think you would do the profession a great favor if you could recommend some safe investment for smaller amounts. Many doctors could save one, or several hundred dollars, if they knew of a safe place to invest it; while to keep it until enuf is saved to buy a farm mortgage, is difficult. They will invest the small amount in something questionable, expecting it to be earning something while they are saving the larger amount. Personally I would like to know of some safe investment for $100 or multiples of same.

This letter contains a pregnant text which I want to "preach" on for a little while. The man who has saved $100 wants to know what to do with it. He is apt to think it should earn an unreasonable amount for him, and that is one reason why he is such easy prey to the schemer who promises large returns. The one or two hundred dollar man is too apt to consider himself a capitalist. He says to himself (or the schemer who wants his money says to him), "I have *got* to make more than ordinary interest because my principal is so small. One hundred dollars at 6% would bring in only $6 per year, and what's that?" And thus his mind is prepared to "throw his money at" any plausible scheme that promises to make him "rich." He compares himself with the man who has many thousands to invest, and to whom 5% or 6% interest brings in a comfortable income; and he wants to make up the difference in the size of the capital in larger rate of income, and hence becomes an easy prey to the plausible schemer. He puts his one or several hundred dollars in the plausible scheme, and his money goes to help pay for an automobile or some other luxury for some rascal. Just think of this *before* you let your money go. Realize that money put out this way will *never* come back. Just gather say a dozen of the most promising and enticing of the schemes that have come to your attention—those that look the most solid and substantial—gather together the literature of say a dozen of the best of

Digitized by Google

them, and put it away, and after a few years get the literature out and make inquiries, and see how many of them are remaining "above ground." If we can judge the future by the past, and historians say we can, it is *certain* that you will find that perhaps all of them have passed into oblivion, together with the dollars that the hopeful and easy "geese" have put into them. No, I guess I will take part of that statement back. The dollars so kindly supplied by the "easy" people have not gone into oblivion. They have been used for the needs and luxuries of families other than those of the men who earned and patiently saved those dollars.

The men who have saved a few hundreds of dollars have been on my heart for many years; for they are the men who are sought by the schemers, and they are the least able to lose. I want to say to these for the thousandth time, *keep* your money. It is better that it be in the bank, or lie in the safe and draw no income at all, and be ready for that "rainy day" that is sure to come, than to send it after a fortune and never come back. Keep your money, and add more to it as you can. The time will come when you will need to take some out, so be sure it is there for *your* use, and not in some other fellow's pocket for him to use in riotous living. You earned and saved it; see that it is used for the benefit of yourself or family—and not somebody else's family. When you have saved a few hundred dollars, don't imagin yourself a capitalist, and don't try to live on your income from so small an amount. Keep on working and saving—and don't let your savings get away.

Many letters are before me, but I guess I have said all you want to read in hot weather. Most of the letters are concerning schemes far away from the homes of the inquirers. *Don't* send your money far away from home. No scheme is worth considering if it can't command capital in its own vicinity; and those that can't try to get it from far away. Beware.

The Temple Medical College, Philadelphia, will establish a department of non-drug treatment of disease.

EDITOR MEDICAL WORLD:—I should apologize to you for not remitting sooner. Have no hard-luck story to tell, as I am a very good collector myself, and think as little of a "dead beat" as you do. It was cussed carelessness on my part, so inclosed find check for $3, and send your "old journal" along for another four years, as I like it and can't help it. JOS. L. CLEMMER.
Springtown, Ark.

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*—RUSKIN.**

READ REFLECT COMPARE RECORD

A Case of Rabies.

EDITOR MEDICAL WORLD:—In the afternoon of May 30, 1910, I was called hurriedly to see Willie B., white, aged four and a half years. On arrival at the house found the little patient lying on the bed, attended by his mother and surrounded by a number of the neighboring ladies, his face covered with blood to the extent that a casual glance suggested terrible destruction of tissue. The mother made the following statement: Willie had gone with an older sister to carry his father's dinner to him. On their return, about one o'clock, they had occasion to cross a weed-covered ditch near the family home. The little girl was walking behind the boy, who crost, or attempted to cross, the ditch, when the dog sprang upon him, biting and lacerating his face until the sister succeeded in getting the dog scared away. The dog was one which had taken up its home with the family uninvited. It had been acting in rather a peculiar manner for some days, but not to the extent of arousing suspicion of danger on the part of the parents.

On examination of the injuries, I found seven wounds. Lacerations as follows: five in a sort of semi-circle around the right eye; these were from half an inch to an inch in length; one below the right eye extending from the inner canthus across to the cheek; and one across the throat, the latter being about one and a half inches in length.

The boy was carried from the bed to the dining-room table, and anesthetized by Dr. R. L. Morrison. The wounds were thoroly cauterized with pure carbolic acid on a cotton swab applied in the bottom of the incisions, followed with alcohol.

Then the entire injured surfaces were cleansed with a bichlorid solution, sutured with silk, drest with moist bichlorid gauze, covered with cotton, and the whole bandaged. By this time it was near four o'clock. At 5.40 the father started with him to Oklahoma City for the Pasteur treatment, which was begun on May 31st, and continued twenty-one days, that being the prescribed course of the Pasteur treatment. During the twenty-one days the wounds all healed kindly. So that when he arrived home on June 22d the little fellow seemed entirely well in every particular.

On his arrival home there seemed no evidence of any trouble in any way, except the scars on the face. His appetite was splendid; his general health apparently could be no better. He went about the place playing with the other children apparently happy as a lark. The entire community joined in congratulating the family on the boy's escape from trouble.

The dog was killed within an hour from the time the boy was bitten. The father took the head with him to the institute, but said he never was able to get a positiv statement as to whether the dog was rabid.

Like other cases, this one had almost passed from my mind after a few days. But on Monday, June 29th, the mother phoned me that Willie was not feeling well and askt that I see him, which I did in the afternoon of that day. On reaching the home I found him at play. He met me and said he was not sick. On examination I found a temperature of 99; face somewhat flusht; tongue coated; slight constipation, and impairment of appetite. The case presented the train of symptoms usually found in an incipient remittent fever. I gave the child mild chlorid and left him a febrifuge. Later in the evening I drove out to see him again. Cannot say I had any suspicion of serious trouble, but some way I felt like I ought to see him again. At this visit I found the temperature practically the same, possibly a tenth higher; the only additional symptom being complaint of sore throat. I examined the throat as well as I could by lamp light, but could see no abnormal condition.

Tuesday morning I saw him at 8 a.m.; found temperature 101; headache, frontal, apparently intense; mind clear; patient able to get up and walk, which he did from the room in which I found him into an adjoining room. The bowels had moved freely. Still complained of sore throat, and still no evidence of sore throat on examination. He was quite nervous and irritable; would not permit examination as he had done on former occasions. Expression of face that of restlessness or anxiety. I left him then with a thought in my mind of possible trouble. At the evening visit, about 5.30, temperature had dropt to 100; did not complain so much of headache, but insisted his throat was sore and said it hurt him to swallow. I again examined the throat carefully in a good light. Did not find any of the usual evidences of sore throat. The only abnormality was hemorrhage spots in the membrane, pin point in size. He insisted he could not swallow. I might state at this point that the boy had eaten nothing since Monday noon, and very little then. The nervous symptoms already referred to were intensified at this time, his actions simulating a case of meningitis. I had had him on febrifuges and sedativs up to this time; ordered them continued and said I would see him again before retiring.

I made up my mind I was having something out of the ordinary to deal with. That the general condition was either incident to the Pasteur treatment, or the boy was developing hydrophobia—and was inclined to the latter opinion, after going over the conditions presenting since Monday afternoon.

On my return to the house about 9.30 Tuesday evening I was accompanied by Dr. R. L. Morrison, who had not seen the case since we drest the injuries May 30th. We found the nervous condition intensified almost to the point of convulsion. The attempt to swallow brought on such contractions of muscles of deglutition as to make it impossible for him to complete the act. No longer complained of sore throat, but when attempting to swallow said it hurt his *chin*. The general conditions warranted at this time a diagnosis of hydrophobia. The father was made thoroly familiar with the possibility of fatality. In fact he was given to understand the gravity of the situation: that the boy had hydrophobia, in fact. Sedativs were ordered for the night, and the patient was left until morning.

I called up the house early Wednesday morning, I think about 6.15. The father said the boy had been nervous and rest-

Digitized by Google

less all night, but seemed better at that hour. In fact, had gotten up from bed and driven a chicken from the room which had entered thru the open door. I exprest my pleasure in hearing of improvement, but mentally doubted it. In about 30 minutes the telefone rang; the father said, "Hurry out; Willie has had a hard convulsion and is going into another."

I reacht the house as quickly as possible, in company with Dr. R. L. Morrison, and found as the father had reported. He quieted down in a few minutes and askt to go out on the porch, which he was allowed to do; then in a few minutes he askt for a drink, which was given him, but he could not swallow it. When the father placed the glass to his lips he went into another convulsion. When this gave way he wanted to return to bed, insisting he could walk unassisted. He was allowed to try, made a few staggering steps across the porch, lost all power of co-ordination; arms went up, body bent backward, legs became uncontrollable. He was pickt up and carried to the bed. A convulsion followed, and he was then given a ⅓-gr. hypo of morphin. This was about 9 a. m. Dr. Chambers, Dr. Hardy, Dr. Plumler, and Dr. R. L. Morrison were all present from then until his death, which occurred at 12.15. After the hypo had been administered, say 20 to 30 minutes, he was askt if he wanted anything. He askt for milk, which was given him by the father. He took the glass in his hands, looking at it with a shudder, and attempted to bring it to his mouth but apparently could not do so. His father insisted, and after repeated attempts succeeded in getting two or three swallows of milk down; but the effort seemed to nearly exhaust him, and was followed by a convulsion more intense than any preceding. Standing in a stooping position on the bed holding to the rods at foot of the bed, he tried to vomit, but could not, and underwent the most horrible contortions I ever witnest, the facial expression being so wild as to be inhuman. Four or five minutes elapst before he quieted.

Again at 10.30 a second hypodermic was given. These injections succeeded in making the convulsiv movements less violent perhaps, but did not control nor distinctly mitigate them. There was grating of the teeth, glaring eyes, frothing at the mouth, and continuous shifting of position of arms and legs.

About 11.15 the activ convulsiv stage, during which, in the interval between attacks, his mind was clear and he would answer questions intelligently, he passed into the paralytic stage, in which he died. That is to say, he had no more activ convulsions, gradually lost consciousness, and sank rapidly. While he was in the stage spoken of as the paralytic stage there was continued contractions of muscles, even at the moment of death. One rarely sees decline in any case as rapid as was the case in this patient. During the last two hours of life the temperature reacht 105¾, but began to fall half an hour before death until it reacht 103 at time of death.

This case was a most interesting one from start to finish. It was of peculiar interest to us as physicians in that it was entirely different from the ordinary routine of our work. Also because the development occurred so quickly and in such a violent form so early following the Pasteur treatment.

Unfortunately our authors do not give us very much literature on the subject of hydrophobia. No other disease is quite so much an unknown quantity to the mass of the medical profession. Our uncertainty in diagnosis and treatment is increast by lack of literature on the subject. The fact that bites have occurred within the memory of many people without the after development of trouble may have led to the belief that there is no such thing as hydrophobia. To say there is not is to betray ignorance. It has been recognized as a disease since the time of the ancient East Indians, Egyptians and Israelites. It was known as hydrophobia about the beginning of the Christian era, and written of by Horace, Plutarch, and Galen. Gruner in 1883 found that the saliva was the carrier of infection. Wm. Youatt in 1828 publisht an article giving the first accurate description of the disease as seen in man and animals. Pasteur in 1882 first proved its infectious character, ascribing it to a toxin developt by a micro-organism not even yet isolated. The period of incubation is not positivly known, tho perhaps most authors agree in placing it from six weeks *up;* while the facts are that recorded cases show the range to be from a few days to two or more years. Tyson says the period is usually six weeks to two months. We well know that each and every bite does not mean hydrophobia.

Digitized by Google

Horsely says about 15 per cent. of cases become infected, and develop the disease. The readiness with which infection occurs depends upon the location of the bite, somewhat. If bitten thru the clothing a less amount of virus, if any, comes in contact with the tissues. Horsely states that a larger per cent. of cases are infected if bitten about the head or face, as was our little patient; the arms and hands being next in order of frequency.

A few statistics as to the Pasteur treatment may be of interest. In 1895 the mortality in the Paris Pasteur institute was 0.13 per cent., or 2 in 1,520 cases. In 12 years ending in 1902 the New York institute had treated 1,608 cases, and lost 10, or a percentage of 0.62. In the light of these statistics, together with the knowledge of our inability to overcome the disease by medical treatment, it becomes our duty to refer such patients at the earliest possible moment to the Pasteur treatment as the only hope. If infection has not occurred, the treatment can be of no harm to the patient; and *if* infected, the chances of cure are very great as shown by the statistics. At the Pasteur institutes the diagnosis is made by animal inoculation. The treatment occupies from 15 to 20 days, usually two treatments per day, except in wounds treated late or in wounds of the face or head, when as high as six inoculations are given in a day. In the case of our little patient he was given a daily treatment for 21 days. In closing this paper we might ask ourselves what result might we have had, had there been more inoculations per day, or the treatment been continued more than the twenty-one days.

GEO. A. MORRISON, M.D.

Poteau, Okla.

Mechanical Vibration.

(Second Paper.)

EDITOR MEDICAL WORLD:—Your invitation to give details of treatment in some cases has led to the preparation of this article. The first case referred to in my paper (May WORLD, page 193) was one of chronic diarrhea of fifteen years' duration. The patient, a blacksmith, had four or five stools every forenoon. Indigestion markt. Whether there was tenderness at the spinal centres (sixth dorsal to first lumbar, inclusive) I cannot now recall; but he was placed upon the table and vibration applied to these centres, heavy pressure at each centre for about twenty seconds, first on one side and then on the other. These centres were treated again and again for about ten minutes. Patient then turned over, and *each vagus* was prest upon carefully and *continuously* for *three minutes*, opposit the larynx. This treatment was given daily at first, then less and less often for five weeks. The patient remains cured after five or six years. No drugs.

The next case referred to was one of indigestion, from which the patient, a farmer's wife, had suffered for five years. She was discouraged and wanted to die. Examination showed tender centres between the scapulæ, and vibration was there applied, as well as to the other spinal centres, patient lying face down upon the table. The technic is as follows: With thumb of left hand locate the notches between the spinous processes and press the vibratode *opposit these notches* between the transverse processes, first on one side for a few seconds, then on the other, going over the centres again and again, with moderate pressure. Where there are tender points, apply steady and increasing pressure for half a minute at each point. Each spinal treatment should take from five to ten minutes, and it is well to treat all the spinal centres for the tonic effect produced thereby.

The patient is now turned and vibratode prest on vagus, opposit the larynx, intermittently, once a second for thirty seconds. The pressure should be light, yet enuf to stimulate the nerve lying under the sterno-mastoid muscle. *Sudden and heavy pressure on the vagus sometimes causes its inhibitory action to arrest the heart.* This has occurred twice in my practise, and alarms the patient; hence it is well to be careful. The vagus is *stimulated* in these cases because it is motor and also secretory to stomach and small intestins. In the diarrhea case, you will note, the pressure on the vagus was *continuous* and for *three minutes*, thus *inhibiting* motion and secretion. Let me say right here that no one should expect to be able to do the best work for his patients by inbibing only the suggestions contained in articles like this. A good book is essential—one which gives the reason for things done. The writer's manual tries to do that—and there are others.

After stimulating the vagi, have patient

Digitized by Google

draw up knees, thus relaxing abdominal muscles. Press vibratode intermittently once or twice a second all over stomach region, liver and colon, taking about five minutes. At first the patient will hold the muscles tense, but after a few treatments you will be able to press the vibratode deeply into the abdomen. This completes the treatment in cases of indigestion, and I have yet to meet with a failure. The case under consideration had this treatment for seven days, and had no trouble for three years. Three more treatments and she remains well to date, three years from last treatment.

How would you like to have a woman 71 years old come for relief from indigestion of *thirty-five years'* duration? She came to me October 24, 1909, in great distress. Years ago I had been called from bed to relieve her pains from this cause. The case was so bad she was frankly told I would not undertake the job unless she would put herself absolutely under my control until relief came or it was plain to me (not to her) no relief was to be obtained. She agreed, and treatment as above outlined gave freedom from all pains in six days, daily treatments. The dietary was very carefully regulated and gradually increast in variety. Two months' daily treatments and occasionally afterward for two months, resulted in relief of all symptoms to date.

Are there any drugs which will work such results? I got good results in many cases of indigestion from copper arsenite, gr. 1-100, administered fifteen minutes before each meal with half a cup of hot water, but the vibrator alone, carefully and intelligently used, is without a peer.

Shall I tell about some neuritis cases later? HENRY WESTON BARNUM.

Poughkeepsie, N. Y.

[Yes.—ED.]

Intestinal Parasites.

EDITOR MEDICAL WORLD:—I desire to call the attention of the WORLD family to a case of intestinal worms which has baffled all my efforts to relieve or eradicate. The patient, Rev. Mr. S., aged about 45 years, whose general health is very good, with the single exception of periodical attacks of migraine which he inherits, first noticed in his feces the presence of a small white worm of the fluke variety, which I will endeavor to describe.

I have been unable to see a living specimen, as they die immediately upon contact with the outside atmosphere; but the specimen brought to me preserved in alcohol a few hours after expulsion appears to be a fluke worm, three-fourths of an inch in length, one-eighth of an inch in width, very white color, with a cuplike depression in the fore end, as if to attach itself to a mucous surface. No ventral cup discernible; upper surface rather convex; under surface slightly concave; candal end not round and tapering to a point as usual in worms, but rounded and flat, as a case knife blade: and from this extremity there exudes a drop or so of a milky fluid when first expelled from the anus. The cup depression (called sucker by the authors) in the fore end is very apparent, but if there is another ventrally located it is not to be seen by the unaided eye, and I have no magnifying power at hand.

None of the older authors, with which I am well supplied, make mention of the parasite; and I have only two recent authors who speak of it even cursorily. Anders speaks of the parasite occurring in great numbers in the liver of the sheep and producing the disease known as the "rot," of which such great numbers of them die, and of its occurring in other animals also—rarely in man. But he gives no radical treatment — only prophylactic. Pepper's System of Medicin, vol. II, gives some more detailed accounts of the parasite, but claims that its ravages are confined to the inhabitants of China, India, the Cape of Good Hope, Abyssinia, and other Oriental countries.

"As regards treatment," he says, "we can say almost nothing. In the destructiv disease of rot in the sheep there are no known means to expel the parasite from the liver. If present in man, as they occur but few in number, we may hope for their spontaneous expulsion in due time without a serious result."

Now this is very far from satisfactory, and I have confidence in the WORLD family giving me something more tangible.

The health of my patient is unusually good: he has had no puffiness or tenderness over the hypochondrium; neither jaundice nor anything to indicate that the ductus communis choledochus is interfered with by their passage thru, nor anything to indicate that the liver is at fault.

My treatment has been the customary up-to-date remedies for worms, but calomel and santonin, tho continuously administered

Digitized by Google

for many days, seemed to have but little effect on them—the patient rarely noticing a dead one.

The presence of these parasites gives the patient small concern, tho he passes from two to six with each movement, but he would prefer not to have them. I shall certainly be obliged for any information as to their name, habitat, and means of expulsion. If desired I can mail specimen.

S. H. BARHAM, M.D.

Mt. Enterprise, Texas.

[Give him 30 grains of thymol, repeating the dose in two hours. It is given in capsule, or in emulsion with acacia. Two days prior to the administration, put him on liquid diet, and the night before give him a saline purge. No oil, glycerin, or alcohol must be given until after elimination of the thymol, lest absorption, with consequent poisoning, result. As an eliminating purge, some saline should be used, and never castor oil.

If the thymol be vomited, or if it prove inefficient, give him male fern in the customary manner. We think you will be able to rid him of the parasites by one of these methods.—ED.]

Momberg's Belt Not New.—Trolley Blindness.

EDITOR MEDICAL WORLD:—I was amusedly surprised to see on page 266 of June WORLD an article on "Momberg's Belt in Post-Partum Hemorrhage." This treatment is in constant use by the Italians (especially the Sicilians and Calabrians). No sooner is the baby born than some attendant woman will seize a large silk handkerchief, or similar piece of cloth, pass it around the woman's waist and draw it as tight as her strength will permit, and then tie it. In answer to questions from the women as to whether or not this was "all right," I would tell them in a superior and paternal manner that "Yes, it is all right as long as the patient will stand for it." Now, this wasp-like constriction, which I have tolerated scores of times because it apparently did no harm and the patient wanted it, is touted as a new discovery of wonderful virtue. Any man who has practised in mining towns or among southern Italians anywhere must be familiar with this procedure. I have never had post-partum hemorrhage to deal with, and this method may be one reason, tho I have practised for seven years in mining towns, where children come with great frequency.

In the April WORLD, page 168, in your answer to Dr. Currier's question as to the healthiness of electrical power houses, you mention that a year or so ago you had a communication regarding trolley blindness, but that it had aroused no comment. This condition is very common around mines employing electric haulage, and is excited by the intense flash of light which occurs when the trolley jumps the wire. The motorman on a mine motor is quite close to the wire, and when the trolley jumps he gets a "flash in the eyes" which dazzles him for a moment or so. He usually has no further symptoms for six to twelve hours, or even somewhat longer, when his conjunctiva will become heavily congested, and give him considerable pain with lachrymation and intense photophobia. This usually passes away completely in from twenty-four to forty-eight hours, or sometimes sooner. The treatment that I use is sat. sol. acid boric in the eyes every two or three hours, and wet compress of boric acid in the eyes. If the pain is very severe, instill a little cocain solution, 2 to 4 per cent. All the cases I have seen recovered without any untoward after effects. Some men do not regard electrical power houses as a healthy place to work, but I have never found that they had any real reason for their belief, other than the peculiar odor and the slowness of healing of electrical burns. F. F. MOORE.

Homer City, Pa.

[There is quite a difference between a universal custom of this kind and the use of the constriction in the face of post-partum hemorrhage. We are convinced that the method is a good one, and that it is easily applied, and we should not attempt to ridicule it. Your admission that you have never seen post-partum hemorrhage, tho having had considerable experience where this method is in common use, is an argument in its favor; especially so since you mention no untoward effects. After you have seen one case of a profuse post-partum hemorrhage, you will have a much greater respect for it, and will not wonder that the profession grasps at anything giving good promise of being efficient, always at hand, and easily applied.

One of the Editors has had many years' experience with a mining company employing over 20,000 men, of which he is chief surgeon, and he has never seen a case of "trolley blindness," tho seeing many cases of conjunctivitis of all grades of severity. These cases of conjunctivitis are quite as frequent among other employees as among

Digitized by Google

motormen, and are due to the smoke from pit lamps and the continual irritation from coal dust and powder fumes and other matters incident to the miner's occupation.—ED.]

Dr. Long the Discoverer of Ether Anesthesia.

EDITOR MEDICAL WORLD:—I wish you would go to the trouble to read this editorial from the *Atlanta Georgian*. I think you have done the true and first discoverer of sulfuric ether anesthesia a great injustice in your editorials. There is no doubt in the world that Dr. Crawford Long was the first to make use of ether for surgical purposes. This proof has been made as strong as human testimony can well establish any fact. You perhaps have not lookt into this question very fully.

Hoschton, Ga. L. C. ALLEN, M.D.

[We certainly have no desire to detract from the honor due the memory of Dr. Long, nor from the claims of Georgia as to the priority of his discovery. Our viewpoint has been taken from the commonly accepted records in various works on the subject. In order to show our impartiality, we here reproduce the editorial above referred to, but on account of its length must put it in small type; but those who are interested will read it, or have it read to them. —ED.]

On Thursday last, in the town of Jefferson, Ga., before an immense concourse of people, there was unveiled a monument which memorializes the most signal achievement in the history of modern surgery: the discovery of anesthesia by an obscure country doctor of Georgia, Crawford W. Long.

The search for an effectiv anodyne with which to mitigate the tortures of intense physical and mental suffering was instituted by the ancients.

Thousands of years were spent in the fruitless effort to find the elusiv prescription.

The magical nepenthe of the Homeric legend shows that in the earliest days of Greece it was the dream of the poetic imagination.

But it was reserved for an unheralded country doctor, in what was then the backwoods of north Georgia, to wrest from Nature her most carefully guarded secret and to confer upon medical science its greatest boon since the time of Hippocrates.

This red-letter day in the calendar of medicin was *March 30, 1842.*

In the office of Dr. Long, at Jefferson, Ga., were several young men who were studying medicin under him; and it was while the young professor was making some experiments in sulfuric ether before his class that the inhalation of the vapor suggested to his mind the possibilities of the subtle agent.

Frequently the experiments were accompanied by more or less playfulness.

Both instructor and instructed when under the intoxicating effect of the gas were inclined to forget the decorum of the class room and sometimes the experiments ended in violent romps.

On recovering from the ether celebrations, Dr. Long often found that his flesh was bruised, yet he was conscious of having felt no pain while under the power of the drug.

As little as he realized it at the time, he was groping vaguely in the uncertain belt of darkness which bordered upon the greatest discovery of modern times.

The enthusiastic physician determined at the first opportunity to employ the use of sulfuric ether in surgical practise and to watch the result of the experiment.

With country doctors seventy-five years ago cases which called for surgery were not every-day occurrences.

But finally an occasion offered itself. In the village there lived a youth by the name of J. M. Venable, who was attending the local academy and who was troubled with two large tumors on the back of his neck. He submitted to an operation. Sulfuric ether was applied to the young man's nostrils until the effect became evident, and then deftly and slowly Dr. Long began to use the knife. He successfully removed both tumors.

However, the testimony of the patient was still needed to complete the experiment; and with eager impatience the young doctor waited for returning consciousness in the youth who lay upon the table. In due time he was fully rewarded.

It was the positiv declaration of the patient on emerging from the influence of the gas that he had not experienced the slightest pain from the operation; and an affidavit was subsequently made to this effect.

But discoveries often come by doubles. Dr. Long gave little thought to the exploitation of his wonderful achievement. He expected to use it in his practise; but never once did the idea enter the back of his head to secure patent rights or to convert to individual profit what belonged to mankind.

The fact that he charged only $2 for his first operation will suffice to emphasize by what multiples the value of his discovery has since grown.

Time went on; and strange to say, there appeared at length upon the scene three rival claimants for the ethereal honors:

Horace Wells, of Hartford, Conn., and W. G. T. Morton, and Charles T. Jackson, of Boston, Mass.

Wells was a dentist who experimented in his laboratory with nitrous oxid gas.

Morton was also a dentist. But he possest the commercial instinct to such an extent that he stood outside the ethical pale. In collaboration with Dr. Jackson he patented what he called "Letheon," a preparation of sulfuric ether disguised with aromatic oils.

But it was not until November 2, 1844, that Wells made his first experiment, two years and six months after Dr. Long.

And it was not until September 30, 1846, that Morton successfully administered his patent, more than four years after Dr. Long.

Both Wells and Morton were city dentists. They enjoyed the advantage of an excellent stage; and in the matter of publicity they were peculiarly favored.

For this reason a world which is none too prone to inquire into tiresome and minute details was for years disposed to divide the honor between the New England claimants; and handsome monuments in due course of time rose to commemorate the discovery of which they were alleged to be the authors.

But the prior claims of Dr. Long have at length been conceded by candid investigators both North and South.

Even so conservativ an authority as the New International Encyclopedia says that the consensus of critical opinion admits of little doubt upon the subject.

Dr. Marion Sims, of New York, publisht a pamphlet in which he proved beyond question the priority of Dr. Long's claim.

And in like manner the palm is awarded by other eminent judges to the modest Georgian.

It was Dr. Oliver Wendell Holmes who coined the word "anesthesia" to express the effects produced by the application of sulfuric ether in surgical operations.

Thus came to pass an event which was destined to end the age-long dread of the surgeon's knife and to snatch from the jaws of death millions of human sufferers.

To what extent the progress of medicin in the nineteenth and twentieth centuries is due to Dr. Long's wonderful achievement is a question which must be left to the profession.

But no one can deny that humanity owes this village physician a debt of gratitude which will never be canceled.

Alexander H. Stephens, in a speech which he delivered at the state university in 1879, suggested that the niches allotted to Georgia in Statuary Hall in Washington, D. C., be filled by effigies of the state's two most illustrious representativs: Gen. James Edward Oglethorpe and Dr. Crawford W. Long.

The decision of Georgia to place the true discoverer's effigy in Statuary Hall will go far toward righting an old injustice and to secure for Dr. Long the worldwide recognition to which he is entitled.

On the walls of the state capitol in Atlanta hangs a life-size portrait of Dr. Long.

It was the voluntary gift to the commonwealth of Mr. Henry L. Stuart, of New York.

Dr. Long spent the latter years of his life in the classic city of Athens; and on the banks of the winding Oconee his mortal ashes to-day sleep.

The memorial shaft which was unveiled on Thursday last at Jefferson represents in large measure the munificence of Dr. L. G. Hardman; but the State Medical Association shares the credit in part.

Digitized by Google

But independent of material tributes, the fame of the great benefactor's achievement is secure for all time to come.

So much so that even were it lettered upon the scroll of the heavens it could not be more widely proclaimed.

For to him belongs the distinction of having performed, in an obscure country doctor's office, one of the greatest of modern miracles: the miracle of mingling the sleeping liquid of "Lethe's fabled fountain with the healing waters of Bethesda's pool."

Delivery of Head in Breech Presentation.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for years, and every once in awhile I see something that I feel should be discust, but have always procrastinated till too late. This time I hope to make at least a short beginning as an addendum to the articles by Dr. W. A. Jones, April WORLD, page 162, and Dr. Barnes, June WORLD, page 263, about delivering the head of the child in or following buttocks deliveries. I have seen so many mistakes in the delivery of the head in these cases, especially those having the face in the sacrum, or backwards, that it stimulates me to say a little word or two so I may hope to help some brother out of a difficulty in his distress should such happen under his care.

As soon as the body delivery takes place, I advise that the physician at once put that body upon the abdomen of the mother; then insert the finger of the free hand into the mouth of the child, and by gently pressing the chin upon the child's chest, the head will at once, following the natural pelvic curve, roll out in much less time than it takes me to write it; after which, procedure is ordinary.

If the chin of the child gets lockt up over the pubic arch, don't get excited and lose your head, but insert the one or possibly two fingers of the free hand into the rectum, after putting the child as before upon the mother's abdomen, and roll the head out in the natural pelvic curve by gentle, well-directed manipulation, only in the direction of the natural curve; and with the assistance of a very little traction upon the child with one hand and a helping lift with the rectal support, the head rolls out as speedily as the reverse or face position.

My object is to call attention to the fact that these deliveries are entirely manual—and nearly every accoucheur has his two hands with him—thus doing away with instrumental interference, even if instruments are at hand. These deliveries are made quicker in this way than any instrument can be sterilized and gotten ready for action.

Some attendants take hold of the child's feet, and bracing themselves and the mother, pull straight down, contrary to a natural delivery. This either breaks the child's neck *or* smothers the infant and fails to deliver or tears out the perineum—very wrong indeed. In obstetrics never forget the pelvic curve. C. T. PEPPER, M.D.,

Jefferson Medical College, 1869.

Los Angeles, Cal.

[We hope that brothers will "speak up" whenever the spirit moves them, and not procrastinate. One of our most impressiv lessons in obstetrics was in a private conversation with the professor, when he said: "In breech presentations, after delivery of the body, turn the baby right up over the belly of the mother, and there will be little if any difficulty in delivering the head."—ED.]

How the News Reacht Cerebrum.

A Modern Fable by E. Clair.

Dr. Study, at the end of a long day's work, which had been markt by an appendicitis operation on Calif Taft, of Bagdad, was meditating over a ponderous medical tome, when he was suddenly brought to his feet by a fiendish telefone call. At the time there happened to be a straight row of particles of air, stretching from membrane to membrane—that is, from phone to ear. They all in turn bumpt one against another to the tune of the call, the last one striking piercingly against Dr. Study's tympanum. Instantly his hammer began to pound a chorus on the anvil. In an instant more the news mounted a steed, and, standing in the stirrups, was rushing towards Cerebrum. But there was another membrane in the way, on the other side of which could be heard the splashing of lymph waves. Here the news took passage on a barkentine, and crost the tossing billows to the endings of the Auditory Nerve. Up to now the journey had been ruff and varied; but now there was only a short run over a clear, smooth glistening track; and long before midnight the news reacht its destination. Cerebrum was startled; and the Doctor, being tired, made a few careless remarks as he stumbled his way to the phone.

Femur Fracture in Child by Indirect Violence.

EDITOR MEDICAL WORLD:—Was called on March 10, 1910, to see a boy 3 years of age, of the robust type. On examination I found a fracture at middle third of femur caused by indirect violence. I reduced it in the usual way and drest with the lateral splints, and placed it in Buck's extension.

Digitized by Google

On the eighth day I incased in plaster of paris. At the end of six weeks I dismist him with union perfect, with less than one-half inch shortening.

It is not the difficulty of diagnosis nor the method which was employed in the treatment that I call the attention of the profession to, but because of the uncommon occurrence of fractures by indirect violence in children. I would like to have the views and experience of the profession, as I have been able to find but very little in the literature.

J. M. CURRY, M.D.

Mercer, Tenn., R. F. D. 2.

[Did you practise massage by the Ostrum method, as described in April WORLD, pages 145-147? This should be the regular practise in all fractures, to promote the comfort of the patient, hasten the cure, and it also favors the best results.—ED.]

Pulsatilla for Ovarian Pains. — Compression of the Aorta for Post-Partum Bleeding.

EDITOR MEDICAL WORLD:—Dr. N. A. Hitt, June WORLD, page 246, asks for a treatment for the ovarian pains in unmarried girls. Permit me to offer a treatment that I have used with much satisfaction for many years, to wit: 5-drop doses of the fluidextract of pulsatilla every four or five hours. Some of the liquid, a little diluted with alcohol, may be painted on the belly wall over the site of pain. The same treatment is equally effectiv in orchitis; in fact, it was the efficacy of this remedy in the latter condition that induced me to use it in ovarian congestions and inflammations. Try it.

On page 266 (June WORLD) is an illustrated account of Momberg's belt for post-partum bleeding, consisting simply of so constricting the waist with a tight bandage, rubber tubing, or rope, as to compress the aorta that the flow of blood thru it is stopt. This may be continued till there is sufficient local clotting to seal the open vessels, or until the offending uterus is excised and its nutrient vessels tied. The facility with which pelvic hemorrhage can be stopt by compression of the abdominal aorta is so evident that it seems strange it had not long ago become a recognized procedure. I have advocated it repeatedly for many years, at least twenty-five. An assistant, or the attendant himself, can check bleeding this way in a moment with pressure of the fist or the "heel of the hand" against the spinal column a little to the left of the median line. In doing this, however, do not be surprised or alarmed to find subsequent albuminuria. It has been found that compression of the aorta above the origin of the renal arteries is followed by albuminuria that may last fully twenty-four hours, the length of its continuance depending largely upon the duration of the compression.

A. H. P. LEUF.

2034 Arch St., Philadelphia.

More About the Old Doctor.

EDITOR MEDICAL WORLD:—In your May issue, page 204, "Grandpa; Ill.," seems to be blest with more than the normal amount of optimism. It isn't necessary to have eyes to see the change in public opinion in its relations to the old and the young doctors. An old doctor told me not long ago that when he went to his first location he overheard a man say, "Well, has he had experience?" And he said his hand involuntarily sought his chin to find whether there was any beard there or not. Now this same doctor, with all the equipments for practise, alert and able, broadened by experience, is being "removed from the earth's surface" by a young man of moderate ability and *no experience.*

This isn't an isolated case; it is the rule. The man past middle age is being displaced by the young man just from college. People say, "He is up to date." In this age *experience,* the most valuable asset of a general practician, is set aside under the delusion that the young man is "up to date." This is written of a doctor and a village in which I am not personally interested. The old doctor may as well submit to conditions. The only remedy that I can see is, that the young doctor will not be able to maintain the position imposed by the public; and after a sufficient length of time the old doctor will win his way back to his rightful place in the front ranks.

Did the casual remark of Dr. Osler bring about this condition? This question would be amusing if it were not for the pathetic side. To see the young doctor floundering among his mistakes is a comical thing; but the effect on the public is certainly another view of the matter.

Let us congratulate "Grandpa," but at the same time keep in view, in our study of current conditions, the fact that the man past 60 is *too old* and *too slow.*

Mr. Editor, you know by my past letters that I do not agree with all you say politically; but *keep a-going* just the same. A man is too narrow who objects to things

Digitized by Google

just because he doesn't agree. New light should be always welcome.

Romulus, N. Y. E. W. BOGARDUS.

Dr. J. Culbertson, of Whitefield, Okla., makes the point that old doctors are displaced because they are already *placed*. It is impossible to displace young doctors, because they are not yet placed. And that as many young doctors *fail to get placed*, as old doctors who are displaced by young doctors.

And we may say, it is the way of Nature, in God's good time, that the old and faithful be called to their rest and reward; and then the natural time of the young doctor comes, for the work of his generation. And it is as natural that in the decline of life the old doctor's work should become gradually less, and here is the time for the young doctor to gradually assume his duties: and this should be done with the best feeling, and sympathetic co-operation, for it is a natural process. In the old doctor's lessened work, he should be reserved for specially difficult cases, where his experience would be of value; and the people usually see to this, for when the anxious days and nights come, the old doctor is resorted to.

Care of Rubber Goods.

EDITOR MEDICAL WORLD:—In answer to Dr. J. E. Lanier's inquiry, page 260, June WORLD, will say that if he will, after washing and drying his Kelly pads, rubber gloves, etc., dust them well with Neslon-Baker's talcum powder (rubbing it in with his hands), fold them loosely, and put them away where the air will not strike them, he will find they will last two or three times as long as otherwise. F. W. MAIER.

Spokane, Wash.

A Dangerous Toy.

EDITOR MEDICAL WORLD:—June 26, 1910, 7 p. m., I was called to the family of Mr. Peters, 130—25th Street (floor above me), and found male child of seven months in father's arms with the mother by, bordering on frenzy. In the child's mouth, and clinging firmly to the lining of the lower lip well down to the gum, about one-quarter inch to the left of the centre line, was one of the "double bell and large rubber ring" rattles very common about here. Left to himself, he had suckt the lip lining into the large round hole at the side of the opening and workt it across the slit between the openings until the sharp inturned sides of this slit held it so that all the efforts of the parents to remove it had resulted in causing the parts to bleed.

I concluded promptly that if I could crush in one side of the slit in the bell opening the enlarged portion of lip inside the bell would be releast. A pair of dressing forceps would not make an impression on the tin. A pair of heavy forceps would not span the double bell. A pair of pliers would not span. Finally I procured a pair of crooked pincers of the kind commonly used by carpenters, which proved to be just the instrument for such a case, as they held it firmly and enabled me to crush it with ease and safety.

If this report can induce physicians to warn mothers against these dangerous toys, or save them from seeing a child and parents in agony and suspense until they devise a method of coping with this most peculiar form of case I have so far encountered, I think it is worthy of a place in your valuable journal.

Brooklyn, N. Y. DR. HIRAM E. ELLIS.

We are always anxious to get from family doctors all of those little aids in their work, in order to give the same to thousands of other family doctors who read THE WORLD. The following is the larger part of a pamphlet which one of our subscribers gives to his patrons. Can you inprove it? Would it not be to your interest to have your printer print something of the kind for you to give to your patrons? The title of the pamphlet now before me is

Some Suggestions to Patrons.

An experience of over twenty years in the practise of medicin has taught me many things. Some of these I desire to speak of. The practise of medicin cannot be carried on strictly in accordance to any system, because so many contingencies arise—so many unexpected things happen. But if patrons would observe the following suggestions it would enable me to give them much better service, more value for their money, and also enable me to economize my time, and do more work. Please read these suggestions over two or three times, until you are familiar with them, then lay them away in some safe place for future reference. This pamphlet is boiled down, condenst to important facts and valuable information.

HOW TO SEND FOR THE DOCTOR.—Don't send word to "Come and see so and so," but state distinctly the person's name who sends for me, that is, the person's name who is responsible for the call, also place of residence, and nature of illness or injury, and whether or not the call is urgent. This is all very important. Remember

Digitized by Google

my practise extends over a very large territory, and I have many similar names on my books, and unless you are very careful about giving instructions where to come, I may not come at all. If I am at home when the call comes in, I will, of course, inquire all about it. But it is hard to get clerks to do this, and if you send in a call when I am out, I may not understand. You might not think that almost every week some one leaves word for me to come somewhere when I get back, and I cannot go because I don't know where to go to. Don't think that you are the only Mr. Johnson there is, or the only Henry Brown. Remember I have too much to do to ride around hunting up people. Don't say come to Mr. Paywell's, when it is Mr. Poorpay, living near Mr. Paywell's, that wants me. That is obtaining credit under false pretense.

Don't say "Come at once," but state as clearly as possible the nature of the case so that I myself can judge whether it is necessary to "rush" or not. People can't tell. I have found by experience that most rush calls are unnecessary. I often go in great haste, and find nothing much the matter when I get there. I have become so accustomed to this kind of thing that I don't pay much attention to "hurry up" unless it is stated why the call is urgent. On the other hand, I sometimes find that people have been too negligent about sending, allowing a dangerous condition to exist because they did not know it was serious. Better state the condition fully as it appears to you and let me help you to decide about it.

STATE THE NATURE OF THE ILLNESS FULLY.—Some people don't want to tell the doctor what ails the patient—they want him to tell them after he gets there. That plan might have been satisfactory a hundred years ago. It is not now. Please listen: I don't want you to make a diagnosis for me in advance, and I would not pay much attention to it if you did; but I must know the nature of the case before I leave the office so that I may have some idea what to carry with me. As this is an important matter, and usually neglected by customers, I will explain fully. I often make useless trips because I was not properly informed before leaving the office. These visits cost you money. Please bear in mind that I keep on hand a rather elaborate and varied equipment, in order that I may do good work. 1st. I have a regular medicin case, containing such medicins as are usually needed in acute cases, such as fevers, colds, colics, etc. This is the case I carry to all cases unless otherwise instructed. 2d. An obstetrical satchel, containing such instruments and medicins as are needed in confinement cases. I never take this unless I am informed that the case is one of labor or miscarriage. 3d. An emergency bag, containing instruments and dressings likely to be needed in common injuries, fractures, and the like. 4th. A large surgical case, containing many instruments, sterilizer, dressings, etc. This case contains everything needed in a major operation, such as amputating a thigh, operating upon strangulated hernia, appendicitis, etc. 5th. An ear, nose and throat case. 6th. An empty satchel, in which may be thrown any special medicins or instruments likely to be needed in the particular case to which I am going. Also several small cases for various purposes. Also a portable operating table that is needed in certain kinds of operations. Now all these things make a wagon load, and it is impracticable for me to carry them all to every case, together with some of each kind of medicin in my pharmacy. I think you can now see the importance of telling me the nature of the case every time you send for me. Do this, and I will come properly equipt to do good work. I sometimes ride 10 or 12 miles without knowing whether the patient I am going to see is a man, woman, or child. Now some folks are going to read this, and then go right straight and send word for me to "come up to John Smith's." It has taken me a long time, and has required much study to devise methods, and properly equip myself to do good work in the country. It never can be done unless my patrons co-operate with me. Of course, I do not expect you to make a complete diagnosis. But you can always give me the nature of the case. Has some one been bitten by a mad dog? Has some one broken an arm? Has baby taken croup in the night? Is a cinder imbedded in somebody's eye? Has some member of the family swallowed poison? What was it, please? Has a boy got a cockle-burr in his windpipe? Has a girl a fish bone in the throat? Has an artery accidently been cut, and the patient bleeding to death? Has the patient symptoms of measles or scarlet fever? Has a child been badly scalded or burned? Has some one been drowned? Has your child fallen on its head and become unconscious? Has a spider poisoned one of the family? Have a whole family been poisoned on canned goods? Is it a case of confinement? Is the patient flooding? Having convulsions? How long has the patient had present symptoms? Has the patient a high fever? Delirious? Any pain anywhere? Has the patient been exposed to any contagious disease? If so, what? Such questions as these you can always answer when you send for me. Then I will know about what I have got to do.

WHEN TO SEND.—Whenever the nature of the case will permit, and it is convenient to do so, the best time to send is early in the morning. This will often prevent me making two or three visits to the same neighborhood during same day; it will also enable me to get to you sometime during the day if I happen to be very busy. Often several calls come close together, and I can't go to all at once. If you send late in the afternoon, others will likely be ahead of you, and I may not be able to come until next day. I do not go out at night, except to cases of midwifery and cases of emergency. If a lady is taken to be confined at night, she should wait until she is sure it is labor before sending. I don't mind being fooled in the daytime, but I don't relish useless night rides, especially in bad, dark nights. I delight to go to these cases when necessary, but I make a lot of useless trips. Remember, I charge for these trips, too.

NUMBER AND FREQUENCY OF VISITS.—The law makes the doctor the sole judge of how often he shall visit a patient who has been placed in his care. You may dismiss the doctor whenever you please, but as long as he treats the case it is his duty and privilege to determin how often he shall make visits. On the other hand, he can quit whenever he likes, but as long as he pretends to treat it, he is liable for damages if he neglects it, and the patient suffers from such willful neglect. But the law expects you to co-

Digitized by Google

operate with the doctor and carry out his directions faithfully, and to the letter. Some few doctors abuse their privilege, and make more visits than are needed, because, perhaps, they need money. Most people want a doctor to come often, and stay long. They get nervous and uneasy when any of their folks become very ill. On the other hand, there are some economical people who don't want the doctor to make many visits. I have not found many of this sort. I am often grumbled at because I don't come often enuf, seldom because I come too often. Rich people, as a rule, are the most particular about this; poor folks want me to come a heap. Now listen: *you had always better leave this to me.* I am very conscientious about this matter of visits. I never neglect a patient who needs attention—*never.* People often think I do, but they do not understand the situation. On the other hand, I try not to make any useless visits. By giving attention to these matters I will keep your bills down, and still give you all the attention needed. Remember, there are lots of cases that can't be cured in a minute. Remember, too, that I always have plenty to do, and do not have to make all my money out of one man. If people insist on my making visits when I tell them it is unnecessary, I of course comply with the request, but they must not expect me to give so much time to them without charging for it. Some people do this, and then grumble at the bill—then they hurt my feelings. Some people don't care for the expense—all right, I like to make money. It sometimes happens, however, that I cannot neglect several other patients in order to give unnecessary attention to one. I would like to say, too, that whenever I take charge of a case I give it all the attention it needs, regardless of cost, even when I know I shall never get a cent for it. I often refuse to take cases, because I know I shall never get pay; but if I *do* take a case I will certainly give it all the attention it needs—possibly not all the patient wants, for this kind of people are sometimes very exacting, but all I think it needs. As long as I treat the case it will receive proper attention. Whenever I get tired I will quit entirely.

LENGTH OF VISIT.—When I call to see a case I remain long enuf to satisfy myself as to the diagnosis, or until I have learned all about the case that can be learned at that visit, and until I have given all necessary treatment and instructions, then I leave. This usually takes from ten minutes to an hour. If detained longer than an hour I charge for the extra time at the rate of $2 per hour. This rule does not apply to obstetric cases. It is customary for physicians to charge from 50 cents to $1 extra for each member of family treated. I seldom do this, unless considerable time or medicin is required, in which case I make a reasonable charge for the medicin and trouble.

PLACE TO CONSULT ME.—The best place is at my office. The next best place is at your home. About the worst place is in the middle of the road somewhere where you chance to meet me. A neighbor's house sometimes answers fairly well, and sometimes it does not. A doctor sometimes wants to ask questions that you are not thinking about, and to do so in the presence of your neighbor might be embarrassing, to you as well as to the doctor. You get more, much more, for your money at the office than anywhere else. I can't have everything with me, and have to give the most suitable drug that I happen to have along. Besides when on my rounds I do not have time to give chronic cases as careful an examination as I do at the office, neither do I have the instruments or conveniences required. Besides, so many people consult me when on my rounds about their complaints, *whom I never hear from again,* that I do not pay much attention to that kind of practise anyway. When off, people will stop me, or meet me at some one's house, and consult me about this, that, and the other, and I will examin them, give them medicin, and instructions, and tell them to come to the office in a certain time, and I never see them again. They generally ask me to charge (book) the little bill—50 cents to a dollar, and they never say anything more about further treatment, or the little account either. So I have hundreds of small accounts like that on my books. It is a nuisance. If you mean business better come to my office, or send for me to come to your home, then I will get to business, too.

MY OFFICE HOURS.

Sunday.....9 to 10.30 A. M.
Wednesday.....7 A. M. to 12 M.
Saturday.....7 A. M. to 3 P. M.

Please observe that I remain at office only an hour and a half on Sunday morning. During this time I make customary charges for office practise. Outside of office hours on Sunday I charge night rates for all services or medicins.

Hoschton, Ga. L. C. ALLEN, M.D.

Another Book on Abortions.

We have the following letter from Dr. Emma P. Pinney, Wilson, Kan.:

EDITOR MEDICAL WORLD:—Please say to Dr. Hemminger that a small book entitled "Abortions," by Professor Thomas, selling at $1, covers the ground better than any book on obstetrics I have read. T. Gaillard Thomas, Abortion and Its Treatment, from the Standpoint of Practical Experience: A special course of lectures delivered before the College of Physicians and Surgeons, New York, from notes by Dr. Porter, and revised by author, is a 12mo, selling at $1. DR. EMMA P. PINNEY.

Wilson, Kan.

[On page 275 of the June WORLD we reviewed a book on this subject, and wrote Dr. Hemminger calling his attention to the publisht review. The reply was written to him before we reviewed the book.—ED.]

In Defense of Osler: Objects to Coal-Tar Drugs in Typhoid.

EDITOR MEDICAL WORLD:—I note in June WORLD, page 245, an article under heading, "An Echo of the Typhoid Controversy," in which Dr. M. E. Johnson states that Dr. Osler has done the medical profes-

Digitized by Google

sion more harm than any man living or dead.

I certainly differ with Dr. Johnson. If there were more Oslers in the profession the annual death rate would decrease by several thousands. I think Dr. Osler the greatest man the world has given to the profession.

I do not wish to enter the controversy between Dr. H. and Dr. Johnson, but will say that any doctor that will reduce the temperature in typhoid fever with coal-tar drugs ought not to be permitted to practise medicin in these United States.

H. GILLILAND, M.D.

Colorado Springs, Col.

A New Theory of Action in Air Injection on Neuralgia.

EDITOR MEDICAL WORLD:—"Subcutaneous injection of air in neuralgia" is a "new one" to me (June WORLD, page 233); but I am inclined to regard the matter as having at least a "theoretical reason for its existence," and possibly a "logical" one, aside from any influence of pressure.

It is a generally accepted *theory* among electrotherapeutists that *"all pain is alkalin,"* and that the anodyne effects from an application of positiv galvanism are due to its electrolytic action, which frees the oxygen, thus changing the condition to *acid.*

It seems possible that the excess of air in the tissues might become decomposed, and the free oxygen, by producing an acid condition, tend to sedation in the same way.

Garfield, Wash. L. J. COBERLY.

Oil of Cloves as an Abortifacient.

DEAR DR. TAYLOR:—A mite to your valuable journal, if you please. I have been a subscriber to your journal for nearly sixteen years. Have derived much information therefrom, but have never heard of oil of cloves being used to "knock kids." I was called the last week in June four miles to attend a young lady who had taken an *ounce* of oil of cloves to produce abortion. She was found at 11 p. m. in a comatose condition. I arrived at 12:30; and found her in the same condition; pulse weak and her breath smelled of cloves. I emptied the stomach, sustained the heart, and at 3 a. m. she was better. I then gave a cathartic, which also brought oil and worms, which were as black as a man's hat. Patient continued to recover, and now is well. She is said to be two months pregnant, but no abortion. Several women of the same neighborhood have been using an ounce of oil of cloves and a pint of whiskey, a tablespoonful after meals, to produce abortions. I cannot find anything in my library that contains any information pertaining to the use of oil of cloves as an abortifacient. What fools some women be!

IRA W. BEALL, M.D.

Libertytown, Md.

Scrofula and Tuberculosis are "Worn-Out Syphilis."

DR. TAYLOR:—Pardon me for taking your valuable time, but the article by T. LeRoy Jefferson in July WORLD on Syphilis in the Negro is only an echo of our old master, S. D. Gross (the elder.) He used to look at us in the most knowing way, and with an eloquence such as I have not listened to since and say, "*Gentlemen*, my word for it: scrofula and tuberculosis are only worn-out syphilis."

Danielson, Conn. W. H. JUDSON.

Eclectic Tongue Indications.

EDITOR MEDICAL WORLD:—In reply to Dr. Garrett, page 290, July WORLD, relativ to the acid tongue, I desire to state that from an eclectic standpoint, in your reply you have exactly reverst conditions. We understand that a red tongue denotes an alkalin condition, and is a plain call for acid treatment. The varying shades of redness call for varying acids; thus, red, dry tongue, inclined to be brown, sordes on teeth, muriatic acid; violet hue, nitric acid; dirty, slick, slimy coating, spoiled beef appearance, sp. sulfurous acid.

Again, the white tongue and shades of white indicate an acid condition and call for alkalin treatment. Thus, vivid white coating, sodium bicarb.; dirty, pasty white coating of tongue, sodium sulfite.

Any one desiring to prove eclectic beliefs can start with no better conditions and remedies than these. Dr. Garrett will find this point fully covered in Fyfe's Specific Diagnosis and Medication, and thousands of other conditions and remedies also.

THOS. F. COLLINS, M.D.

Adamsville, Pa.

EDITOR MEDICAL WORLD:—If Dr. Bortner (see page 305, July WORLD) lived down in this country where we really have mosquitoes, he would find oil of citronella a good food for mosquitoes instead of it keeping them away.

W. S. WINTER, JR., M.D.

Port Arthur, Texas.

Digitized by Google

Questions for Dr. Kline on Osteopathic Treatment.

EDITOR MEDICAL WORLD:—In June WORLD, Dr. Kline, in explaining osteopathic treatment, teaches us that in manipulation of the region around the atlas "minute knowledge of anatomy is necessary, as here most of the nerves emerge that control the circulation of the head."

Now, my *crude* conception of anatomy has led me to believe that the blood supply of the head is derived largely from the carotids and the vertebral artery, and that the vasomotor nerve of these vessels have only insignificant communication with branches of the spinal nerves. Likewise, I do not understand, how the blood supply of the intestins, derived from the abdominal aorta, can in any way be influenced by kneading of the abdominal wall. However, Dr. Kline may be able to explain.

L. SLAMBERG,
A. A. Surgeon, U. S. Marine Hospital Service.

Eastport, Idaho.

The Treatment of Drug Habitues.—Echinacia in Snake Bites.

EDITOR MEDICAL WORLD:—None but those who treat drug habitues know anything about how many people there are who are addicted to the use of either morphin or cocain. Those who are addicted to their use don't want any one to know that they use it. I have been treating the drug habit for some years, and they slip into my town and come to my house; I treat them and send them home, and no one knows it. Some of the finest men I ever met were drug habitues. I know it is said that a man addicted to the use of morphin will lie, steal, or do anything else, but this is a mistake. It is true, when they get out of the drug, they will resort to most anything to get it, but otherwise they are just as responsible as anybody. But if you only knew how they suffer when they get out of the drug, you would not blame them for lying a little to get it, for they would die if they could not get it. Don't you ever get it into your mind that they can live without it, for they cannot; they will collapse. Now, it is an easy matter to cure them if you only know how. I have cured men 70 years old, who were taking 30 grains a day, and have sent them home in a week. When called to treat one of those cases, I usually have them to stay all night with me, and the next morning before breakfast I give them a tablespoonful of salts. I then take the drug from them and drive them around in my buggy, and talk with them. I let them go as long without the drug as they can, and then I allow them to take just half as much as usual, and if the salts don't act, I give them another tablesponful. And let me say right here, if you can't get their bowels to acting good, don't treat them; for you will have trouble just as sure as you are born. But if the salts act good, let them go just as long as they can after taking the half dose, and when they cannot go any longer, begin your treatment. Give them about one two-hundredth of a grain of the hydrobromate of hyoscin, hypodermically. This will quiet them to some extent, and they will doze a little along. But you must stay right with them all the time, for hyoscin is a very potent drug, and you may have trouble. Sometimes their kidneys will fail to act, and when they do, you must give them an infusion of digitalis and acetate of potash. They will suffer more or less in spite of all you can do, but if you will give them 20 drops of spec. avena sativa, in hot water, it will help them wonderfully. I usually give it every two hours, and sometimes will add a half teasponful of passiflora. Or give the avena in hot water, and in a few minutes give the passiflora by itself. When they think they can't stand it any longer I give them another hypodermic of the hyoscin. I usually repeat it every six or seven hours until three or four doses are taken, then I don't give them any more. And I never give them over one two-hundredth of a grain at a dose. You must use all the suggestion in your power, and watch the heart closely, and if it begins to fail, or get weak, give them 1-40 or 1-60 of a grain of the nitrate of strychnin, as needed. But if you will give the avena, in hot water every two hours, you will seldom need the strychnin. You must be kind to them and sympathize with them all you can, for they are the most grateful people on earth. The bowels will move frequently, and you never in all your life smelt as offensiv operations as those that come from the bowels of a drug habitue. In about twenty-four hours they will begin to sneeze. A drug habitue never sneezes; and when my patients begin to sneeze I tell them that they are all right. I always tell them that they will begin to sneeze in about twenty-four or thirty-six hours, when I begin to treat them, for they are sure to do it. If they should get very sick at the stomach and begin to vomit, you can give them ⅛

Digitized by Google

grain of morphin, which will stop it, but don't let them know what you give them at any time. If you have never treated a case, you will get scared if you are not careful, and quit the case. But as long as the bowels are moving, and the pulse is good, you need not be uneasy. But if their bowels don't move, you had better go slow, and if necessary quit the case. I always keep my hypodermic syringe loaded with morphin, so I can shoot it into them, if I think it necessary. If you will treat your case according to the way I have laid it down here, you will come out all right ninety-nine cases out of a hundred. Don't give too much hyoscin; three or four doses are enuf. Don't give it oftener than six or seven hours apart. Don't let them have anything to eat for three days and nights. They won't starve. Don't use any other kind of hyoscin except the hydrobromate. Then be sure and know that it is made by a reliable chemist.

Now, gentlemen, I know what I am talking about. If you will follow this treatment, you will cure ninety-nine cases out of a hundred, but if you are not careful you will get scared, for the patient will complain wonderfully. But watch his heart, and if it begins to get weak, give him the strychnin as directed, and if it don't get better, shoot the morphin into him, and when he gets better let him go. Thinking this might be a great help to the profession, I give my treatment. But I would not advise an ordinary practician to treat a case unless he is prepared to do so. Never leave your patient for as long a time as half an hour, for he is liable to do himself great injury. You cannot treat drug habitues and do anything else at the same time. When I treat a case I turn my practise over to some one else while I am treating the case, and I stay with him every moment till I dismiss him. I charge $100 for treating a case, but I treat them money or no money, for they are just as sure to pay you as you cure them, for as said before, they are the most grateful patients in the world. If this will help any poor unfortunate doctor to be cured, I feel that I will be paid a hundredfold.

On May 20th a man came to my office in great haste and said, "Doctor, I want you to go to see my little girl just as quick as you can, for she was bitten awhile ago by a copperhead snake, and is about to have spasms." The child was 3 years old, a twin. They lived on a newly-settled place, and she was playing around the house and happened to come across the snake, and it bit the child on the side of the foot. The foot was swollen so it lookt like it would burst, and the leg was swelled to the knee, and the child was very restless, squirming from one side to the other, and had symptoms of spasms. I gave her 10 drops of Lloyd's spec. echinacia every hour, and saturated absorbent cotton with the remedy and bound to the lesion, and ordered them to keep the cotton wet with the remedy. In an hour she was asleep, and began to get better. I gave her nothing else, and she recovered as soon as it was possible. She began to get better from the very first dose, and I know it was echinacia that did the work, for there was nothing else given. I have tried it a number of times in snake bites, and it has always workt well for me. But we want to know that the remedy we give is all right. Some fluidextracts are no good. It always pays to use good drugs, it matters not if they do cost a little more. I don't believe that there is a better antiseptic known than echinacia. I have been using it for fifteen years, and it has always given me good satisfaction. In typhoid fever there is nothing better. It is, with me, the first remedy thought of in blood poisoning from any cause. You can give it in any size dose, as it is not a poison. I never think of anything else when called to treat snake bites. I gave 10 drops of the spec. tr. every hour, till the child was out of danger.

Magazine, Ark. T. J. DANIEL, M.D.

[Elimination early in the treatment of drug habit cases, or, better, before the treatment begins, is very important; and it seems to us that "a tablespoonful of salts in the morning," etc., is insufficient. We would suggest the tablespoonful (or more) the night before, to be repeated in the morning if it has not acted, and also to be repeated every few hours until it does act.—ED.]

Medicin, Past and Present.

EDITOR MEDICAL WORLD:—Dr. Ruppert A. B. Lloyd's "Medicin Many Years Ago," July WORLD, page 312, was interesting reading. If those who read the Doctor's account will turn to International Clinics, vol. II, 20th series, p. 75, and read "The Progress of Medicin During the Past Twenty Years," by Dr. James J. Walsh, they will obtain plenty of food for reflection.

Bias, prejudice, and superstition seem to

Digitized by Google

be as prevalent in one epoch as in another, tho clothed in different raiment; at one time crude, at another refined.

Therapeutic nihilism increases after long years of observation and practise. It seems that the majority of our eminent practicians believe less and less of the late therapeutic measures of medicin as they advance in years of practical experience. Can one, after consulting the literature of centuries, doubt the great strides recently made in medicin and surgery? Nevertheless Walsh says, "Surely no superstition of the olden times was any more senseless than some of the pseudo-science of the last twenty years."

Be it as it may, I am a firm believer in the immediate efficacy of medicin. Take the child apparently choking to death from croup (false), administer a few doses of appropriate medicin and presto—what a change! Take a patient suffering from pain and paralysis of the shoulder and arm—an acute neuritis; a few days' application of the Morton wave over shoulder and cervical plexus, and note the complete relief; listen to the words of thanks coming from the relieved patient. Again, the woman who has made the rounds of the specialists and "big 'uns" of the profession, only to be told that her pruritus vulvæ cannot be cured; what a different tale is told after a few treatments with galvanism, faradism, or the vacuum tube. Take the man annoyed for years with Barber's itch; two hypodermic injections of staphylococcus vaccine and no recurrence in the last eighteen months. Innumerable cases could be cited where medicin, mechanical therapy, vaccine and antitoxin has saved or materially prolonged life.

Articles relating to past "relics" or to recent discoveries occasion discussion, and are stepping stones to future greatness and precision.

LIONEL C. CHARBONNEAU.

Brooklyn, N. Y.

Medicin Only One Hundred Years Ago—Also 57 Years Ago.

EDITOR MEDICAL WORLD:—"Medicin Many Years Ago," by Dr. Lloyd, in the July WORLD, prompts this article. The doctor need not go back three hundred years to find queer things in medicin. I have in my possession a "Physician's Vade Mecum," by "Robert Hooper, M.D., Licentiate in Physic of the University of Oxford, and of the Royal College of Physicians of London," publisht in 1809, which contains prescriptions that will extract a grimace from any physician of any school to-day. The principle of his treatment—and it was the accepted treatment of the world—was: "To diminish the quantity of the circulating fluids, and to lower the tone of the vascular system: this to be effected by bleeding, purging, laxativ clysters and diaphoretics."

That is, blood-letting, the use of the leech, calomel and jalap purgation, antimonial emesis, blistering and opium, with side-steppings of nitrate of potassium, castor oil, magnesium sulfate, rhubarb, ipecacuanha, *et id omne genus*, were the "regular" and the only accepted methods of practise. Every departure from this, however sane and beneficial, was quackery.

I quote from page 16 the treatment of "Synochal or Inflammatory Fever." "Let blood from the arm ten ounces, and repeat *pro re nata*." "Let three leeches be applied to each temple if there be pain in the head." "If there be delirium, topical bleeding, blisters, fomentations."

Typhus fever was treated with "emetics, diaphoretics, cold affusions or immersions," and some or all of forty definitly stated compound prescriptions, the mass of which were for emesis or purgation.

Croup demanded: "General or topical bleeding from the jugular vein, and the application of leeches to the trachea." Also: "Emetics in full and nauseating doses, especially of tartar emetic." And: "Calomel so administered as to salivate." And so on *ad nauseam*, from the beginning to the end of the book—bleed, leech, purge, vomit, blister, sweat, for every known ailment. Is it any wonder that mortality was tremendous when disease was so treated? Or that thinking people felt that safety lay in keeping doctors away and treating themselves with simples? And that was only one hundred years ago.

Fifty-seven years ago my mother was an unusual type of healthy womanhood. She was attackt with some kind of fever, and the "regular" doctor was called. I was old enuf to feel a thrill of anxiety when he whipt out his lancet, bandaged her arm, and called for a large bowl. Soon the life blood was spurting, and she finally grew so faint she had to be put to bed. Next day she was worse, and the bleeding was repeated and leeches applied to her temples. Then came the tossing of delirium, the moaning, and the anxious

Digitized by Google

fear that filled the house. Next day she was raving, and as white as the pillow on which she lay. The doctor came and prepared to bleed her again, but my father intervened. The doctor protested she would die if she were not bled. My father insisted she would die if she were bled. I well remember the angry stamp of his foot as he declared that such treatment of helpless people was both cruel and barbarous. The doctor gave in, but calomel to salivation was given; with tartar emetic, purgation and opium in a continuous round. Then the doctor declared her case hopeless, and my father settled with him and let him go, and began giving her nothing but milk and catnip tea. Suffice to say she rallied after the first day, and eventually recovered. The doctor never forgave my father. I think he honestly felt it were better for a patient to die than to get well in such an "irregular" way.

That was only fifty-seven years ago, and there are still thousands of intelligent persons in this country who remember just that kind of treatment of disease.

Dr. Lloyd properly says: "Comparing our methods with those of the fifteenth century physician, we marvel that any one got well. If the disease did not kill, seemingly the medicin would." He might with equal aptness have said the same of "regular" medicin a little more than half a century ago.

I write this "lest we forget."

Lysander, N. Y. F. P. SINCLAIR, M.D.

How to Prevent Rupture of the Perineum.

EDITOR MEDICAL WORLD:—So much has been written lately in medical journals about the most improved methods of repairing a ruptured perineum, that I want to suggest a more excellent way, viz., *Save the perineum from rupture.* And this can be done every time, I care not what the critics may say. I have never had to put in a stitch in a ruptured perineum except in cases attended by other doctors. How do I do it?

1st. Apply flannel cloths wrung out of *hot* water with a little carbolic acid or creolin in it. Now when I say hot, I do not mean *warm;* and do not be afraid of using them too long in a hard case of primipara. It is some trouble, but it pays, and affords great relief from the cutting tearing pains caused by the stretching of the tissues.

2d. Support the perineum by the palm of the hand *good and strong* while the head is being delivered. If you have applied forceps, remove them before the head is delivered. Do this carefully and you will deserve the everlasting gratitude of your patients.

3d. Do not allow your patient to suffer all day or all night and wear herself out without giving her something to make it easier for her and her friends as well as yourself. I have found nothing equal to the H. M. C. tablet in the early stages, followed by chloroform judiciously administered. I mean by this, give just enuf but no more. Never refuse to give chloroform because your patient has heart trouble or thinks she has (I mean in confinement cases). The pains stimulate the heart, and the chloroform given cautiously also supports the heart and preserves the strength of your patient. I have some decided opinions about taking care of the new-born baby for another time.

T. N. ROGERS.

Sault Sainte Marie, Mich.

Homeopathic Treatment for Eczema.

THE MEDICAL WORLD:—Referring to Dr. Leslie's query, page 321, July WORLD: Having had eczema myself for a number of years and "tried everything" without relief, and finally reaching the goal thru homeopathy, I feel that I can speak "as one having authority." More than ten years I suffered as only those who have had it know, and I shall never forget when my sister askt me to try homeopathy. It was with a great deal of doubt; I had no more idea of getting the least help from "sugar pills" than I had of flying to heaven. But to please her I "tried it," and if all the wealth of a Rockefeller, Gould, and Carnegie combined were offered me to go back to where I was before trying homeopathy I would refuse. I believe if we lived as taught by the immortal Hahnemann life would be one long dream of happiness. I have enjoyed the relief I have gotten from it more than pen can describe, and the help I have been able to render my fellow-men is beyond my most sanguin expectations when I took up the study of homeopathy. If I had Dr. Leslie's patient I would give him a high potency of sulfur, and watch and wait. Then follow with the next indicated remedy—what that would be I do not know. For Dr. Hoeper's case I would

Digitized by Google

give a high potency of graphites, and watch and wait. Of course neither of these cases is well taken for a homeopathic prescription. These are the best remedies I see by the light that is before me. No amount of money would induce me to try to cure skin diseases with local treatment. I have seen paralysis, tuberculosis, insanity, ascites, Bright's disease and many other troubles following such treatment in otherwise healthy persons. I may differ from you. This difference of opinion sometimes causes arguments that lead to our good.

GABRIEL F. THORNHILL, M.D.
Paris, Texas.

"The Calling of Dan Matthews."

Last March Dr. J. C. Jensen, of Hendricks, Minn., sent $3 for renewal of subscription, and wrote:

"Dr. Taylor, did you ever read 'The Calling of Dan Matthews,' by Wright? If you have not read it, you must do so and state in THE WORLD what you think of it. Every doctor should read that book."

I had not read it, but I immediately purchast the book, and it was our evening family reading until it was finisht. We all enjoyed the book, and freely commented on it as we went along. In some respects it comes near being a great book. Its language, imagery, and sentiment are excellent. Its defects are in plot; and the chief of these are in the latter part. In order to give you some idea of the book, I will give some extracts from it; but will put them in small print, so that those who may not care for it will not lose much space. The story seems to be laid in northwestern Arkansas. On pages 19 and 20 is a good sketch of a retired country doctor, as follows:

Full fifty years of the Doctor's professional life have been spent in activ practise in Corinth and in the country round about. He declares himself worn out now and good for nothing, save to meddle in the affairs of his neighbors, to cultivate his roses, and—when the days are bright—to go fishing. For the rest, he sits in his chair on the porch and watches the world go by.

"Old doctors and old dogs," he growls, "how equally useless we are, and yet how much—how much we could tell if only we dared speak."

He is big, is the Doctor—big and fat and old. He knows every soul in Corinth, particularly the children; indeed he helpt most of them to come to Corinth. He is acquainted as well with every dog and cat, and horse and cow, knowing their every trick and habit, from the old brindle milker that unlatches his front gate to feed on the lawn, to the bull pup that pinches his legs when he calls on old Granny Brown. For miles around, every road, lane, by-path, shortcut, and trail is a familiar way to him. His practise, he declares, has well-nigh ruined him financially, and totally wreckt his temper. He can curse a man and cry over a baby; and he would go as far and work as hard for the illiterate and penniless backwoodsman in his cabin home as for the president of the Bank of Corinth or even Judge Strong himself.

No one ever thinks of the Doctor as loving any one or anything, and that is because he is so big and ruff on the outside: but every one in trouble goes to him, and that is because he is so big and kind on the inside. It is a common saying that in cases of trying illness or serious accident a patient would rather "hear the Doctor cuss, than listen to the parson pray." Other physicians there are in Corinth, but every one understands when his neighbor says: "The Doctor." Nor does any one ever, ever call him "Doc"!

After all, who knows the people of a community so well as the physician who lives among them? To the world the Doctor's patients were laborers, bankers, dressmakers, scrub-women, farmers, servants, teachers, preachers; to the Doctor they were men and women. Others knew their occupations—he knew their lives. The preachers knew what they profest—he knew what they practised. Society saw them drest up—he saw them—in bed. Why, the Doctor has spent more hours in the homes of his neighbors than ever he passed under his own roof, and there is not a skeleton closet in the whole town to which he has not the key.

And this on page 40:

"I was wishing," said the Doctor, "that I—that it would be always morning, that there was no such thing as afternoon, and evening, and night."

His wife replied sweetly, "For a man of your age, you do say the most idiotic things! Won't you ever get old enuf to think seriously?"

"But what could be more serious, my dear? If it were morning I would always be beginning my life work, and never giving it up. I would be always looking forward to the success of my dreams, and never back to the failures of my poor attempts."

"You haven't failed in everything, John," protested Martha in softer tones.

"If it were morning," the philosopher continued, with a smile, "I would be always making love to the best and prettiest girl in the state."

Martha tost her head and the ghost of an old blush crept into her wrinkled cheeks. "There's no fool like an old fool," she quoted with a spark of her girlhood fire.

"But a young fool gets so much more out of his foolishness," the man retorted. "Talk of the responsibilities of age: humph! They are nothing compared to the responsibilities of youth. There's Dan now—" He lookt again toward the monument.

And this on page 74:

"Yes, yes of course, but it's rather strange, rather unusual you know, to find a young man of your make-up and opportunities for wealth, entering the ministry. You could educate a great many preachers, sir, if you would develop that mine."

"Father and mother have always taught us children that in the battle of life one cannot hire a substitute; that whatever work one volunteers to make his own he must look upon as his ministry to the race. I believe that the Church is an institution divinely given to serve the world; and that, more than any other, it helps men to the highest possible life. I volunteered for the work I have undertaken because naturally I wish my life to count for the greatest possible good; and because I feel that I can serve men better in the church than in any other way."

And this on page 84:

But oh, it must be a grand thing, Doctor, to be doin' such holy work, an' a livin' with God Almighty like, with nothin' to think of all the time but the Blessed Jesus and the Holy Mother; an' all the people so respectful, an' lookin' up to you. Sure 'tis a grand thing, Doctor, to be a priest.

And this on page 105:

She studied him intently before she answered. Then—as if satisfied with what she found in his face, she said calmly: "To me he is the most useless creature in all the world. He is a man set apart from all those who live lives of service, who do the work of the world. And then that he should be distinguisht from these world-workers, these servers, by this noblest of all titles—a *minister*, is the bitterest irony that the mind of the race ever conceived."

Her companion's face was white now as he answered quickly, "But surely a minister of the gospel is doing God's will and is therefore serving God."

She answered as quickly, "Man serves God only by serving men. There can be no ministry but the ministry of man to man."

"But the minister is a man."

"The world cannot accept him as such, because his individuality is lost in the church to which he belongs. Other institutions employ a man's time, the church employs his life; he has no existence outside his profession.

Digitized by Google

There is no outside the church for him. The world cannot know him as a man, for he is all preacher."

"But the church employs him to minister to the world."

And this earnest conversation between a trained nurse and the young clergyman, continued on pages 107 and 108:

"But the church is of divine origin."

"So is this tree; so is the material in that old building; so are those farms yonder. To me it is only the spirit of God in a thing that can make it holy and sacred. Surely there is as much of God manifest in a field of grain as in any of these churches; why, then, is not a corn field a holy institution and why not the farmer who tends the field a minister of God?"

"You would condemn then every one in the church?" he asked bitterly. "I cannot think that—I know—" he paused.

"Condemn?" she answered questioningly, "I condemn?" Those deep gray eyes were turned full upon him, and he saw her face grow tender and sad, while the sweet voice trembled with emotion. "Who spoke of condemnation? Is that just the question? Are you not unfair? In my—" she spoke the words solemnly, "my ministry, I have stood at the bedside of too many heroes and heroines not to know that the church is filled with the truest and bravest. And that—Oh! don't you see—that is the awful pity of it all. That those true, brave, noble lives should be the—the cloud that hides the sun? As for the ministry, one in my profession could scarcely help knowing the grand lives that are hidden in this useless class set apart by the church to push its interests. The ministers are useless only because they are not free. They cannot help themselves. They are slaves, not servants. Their first duty is, not service to the soul-sick world that so much needs their ministry, but obedience to the whims of this hideous monster that they have created and now must obey or—" she paused.

"Or what?" he said.

She continued as if she had not heard: "They are valued for their fidelity to other men's standards, never for the worth of their own lives. They are hired to give always the opinions of others, and they are denied the only thing that can make any life of worth—freedom of self-expression. The surest road to failure for them is to hold or express opinions of their own. They are held, not as necessities, but as a luxury, like heaven itself, for which if men have the means to spare, they pay. They can have no real fellowship with the servants of the race, for they are set apart by the church not to a ministry but from it. Their very personal influence is less than the influence of other good men because the world accepts it as professional. It is the way they earn their living."

And this on page 138:

"Now Mam Liz, I'm afraid you're an aristocrat."

"Cos I's a 'ristocrat. Ain't I a Abbott? Ain't I bo'n in de family in yo' grandaddy's time—ain't I nuss yo' pa an' yo'? 'Ristocrat! Huh! Deed I is. No sah, Mars Harry, yo' ought to know, yo' ain't got no call to sarve sech as them!"

"I don't know," he returned slowly, "I'm afraid I have."

"Have what?"

"A call to serve such as them." He repeated her words slowly. "I don't know why they are, or how they came to be. Whatever or whoever is responsible for the existence of such people and such conditions is a problem for the age to solve. The fact is, they are here. And while the age is solving the problem, I am sure that we as individuals have a call to personally minister to their immediate needs." The Doctor had spoken half to himself, following a thought that was often in his mind.

It was a little too much for the old servant. She watcht him with a puzzled expression on her face.

And this on pages 166, 167, and 168:

"You a minister of Christ's gospel and ignorant of these things? And yet this is not an uncommon case, sir. I could tell you of many similar cases that have come under my own observation, tho not all of them have chosen to die. This girl could have made a living; I suppose you understand. But she is a good girl; so there was nothing for her but this. All she askt was a chance—only a chance."

The minister was silent. He could not answer.

The nurse continued, "What right have you, Mr. Matthews, to say that you do not understand—that you do not know? It is your business to understand—to know. And your church—what right has it to plead ignorance of the life about its very doors? If such things are not its business what business has this institution that professes to exist for the salvation of men; that hires men like you—as you yourself told me—to minister to the world? What right, I say, have you or your church to be ignorant of these everyday conditions of life? Dr. Abbott must know his work. I must know mine. Our teachers, our legal and professional men, our public officers, our mechanics and laborers, must all know and understand their work. The world demands it of us, and the world is beginning to demand that you and your church know your business." As the nurse spoke in low tones her voice was filled with sorrowful, passionate earnestness.

And Dan, Big Dan, sat like a child before her—his face white, his brown eyes wide with that questioning look. His own voice trembled as he answered, "But the people are not beasts. They do not realize. At heart they—we are kind; we do not mean to be carelessly cruel. Do you belive this, Miss Farwell?"

She turned from him wearily, as if in despair at trying to make him understand.

"Of course I believe it," she answered. "But how does that affect the situation? The same thing could be said, I suppose, of those who crucified the Christ, and burned the martyrs at the stake. It is this system, that has enslaved the people, that feeds itself upon the strength that should be given to their fellow-men. They give so much time and thought and love to their churches and creeds, that they have nothing left—nothing for girls like these." Her voice broke and she went to the window.

And this on pages 178 and 179:

There was no doubt in the nurse's mind now but that the girl would live and regain her health. But what then? The people would see that she was cared for as long as she was sick. Who among them would give her a place when she was no longer an object of ostentatious charity? Her very attempted suicide would mark her in the community more strongly than ever, and she would be met on every hand by suspicion, distrust, and cruel curiosity. Then, indeed, she would need a friend—some one to believe in her and to love her. Of what use to save the life tost up by the storm, only to set it adrift again? As Miss Farwell meditated in the twilight the conviction grew that her responsibility could end only when the life was safe.

It is, after all, a little thing to save a life; it is a great thing to make it safe. Indeed, in a larger sense a life is never saved until it is safe.

And this on pages 339 and 340:

For while, theoretically, the strength of the church is in its fidelity to the things in which it professes to believe; practically and actually the strength of the church to-day is in its tacit acceptance of its unbeliefs. Strange things would befall us if we should ever get the habit of insisting that our practise square with our preaching; if churches should make this the test of fellowship—that men must live their doctrines, rather than teach them—that they must live their beliefs rather than confess them—that they must live their faiths, rather than profess them.

And this on page 342:

"Thru my glasses that is the church? How can an institution, or a system of theological beliefs—with cast-iron prejudices, cast-iron fidelity to issues long past and forgotten, cast-iron unconcern of vital issues of the life of to-day and cast-iron want of sympathy with the living who toil and fight and die on every side—how can such speak of the great loving, sympathetic, helpful spirit of Him whose name only bears, as that bears only the name of my friend?

And this on page 344:

"And that," said Dan, as he gript his friend's hand, "is the best place I know of to look for it. If you cannot find God in your everyday work, John, you'll not find Him on Sunday at the church."

And this on page 360:

Then he talkt to them of the power of wealth for good, of the sacredness of such a trust—talkt as they had never heard him talk before of the Grace Conners, and the crippled Dennys, who needed elder brothers willing to acknowledge the kinship.

When he had finisht his mother kist him and his father said, "It is for this, son, that mother and I have held the old hill yonder. It is a part of our religious belief that God put the wealth in the mountains, not for us alone, but for all men. So it has been to us a sacred trust, which we have never felt that we were fitted to administer. We have always hoped that our first born would accept it as his life work—his ministry."

These selections will give you an idea of the lofty thoughts and excellent language in this book. If the plot had anything like the

Digitized by Google

naturalness of George Eliot's plots, it would be a truly great book. The author has the modern ideals in economics, sociology, and religion; and he expresses and illustrates them in a forceful and popular manner, while at the same time entertaining the popular reader—a rare combination.

In August we can spare a litle time and space from "shop talk" for this kind of reading.

The book is publisht by the Book Supply Company, Chicago. Retail price by mail, $1.50.

Speaks Up For Florida.

EDITOR MEDICAL WORLD:—I hope that you will allow me just a little space in your valuable WORLD to reply to an article on page 190 of May WORLD by Dr. Sanders, Tenn. I have been in the state of Florida only about three years and don't know much about the Everglades; however, I can speak honestly of the section in which I am living, and I assure you it is more than a "sand bar in a river with a swamp in the middle of it."

We have a little town of about 3,000 people, which is growing rapidly, with competing railroads that give us low freight rates. If space would permit I would like to go in detail about our town and the surrounding country, but of course I cannot. I will give only facts in figures. We ship as much or more vegetables and fruit from our platforms to northern markets than any other place of this size in Florida. Our leading crops are strawberries, tomatoes, potatoes, beans, cucumbers, eggplants, squash, okra, and sweet pepper, besides several thousand boxes of oranges and grape fruit.

There were over 900 barrels of potatoes planted by our farmers this last season, and the yield was fairly good, about 10 barrels to 1; and the price averaged $4 per barrel. To illustrate: Mr. W. F. planted three acres of potatoes; and not getting a good stand he planted the missing places in beans; and later on he planted tomatoes in the rows between, and he gathered and sold from one acre, potatoes $146; beans $80; tomatoes $305; total, $531. and from the whole three acres he gathered and sold $1,100 of vegetables, which took about five months of the year to grow and market.

Mr. F. F. last July planted three acres of strawberries, and from the patch he sold $900 worth by February, and then sold the patch for $500, making a total of $1,400 from his patch from July to February. Strawberries are grown here by the hundreds of acres, and net on an average of from four to five hundred dollars per acre. When our farmers do not net over $100 per acre on anything they plant they think that the crop was a failure. From November, '09, to June 15, '10, there were over $200,000 worth of farm products shipt from our freight and express platforms. Does this look like a "sand bar in a river with a swamp in the middle of it"? Mr. Editor, I truly hope that I have not consumed too much of your valuable space, but I wanted to show our friend that Florida will grow a few things. I have no real estate to sell, nor do I especially care to boost our little town and country; however, I will cheerfully answer inquiries. ROBT C. BLACK, M.D.

Plant City, Fla.

[Florida is mostly a sand bar; but where decayed vegetable matter has formed a soil, it is very fertile. Land in Florida should not be purchast without very careful and detailed inspection before purchase.—ED.]

A Southern Brother Speaks Out.

DEAR DR. TAYLOR:—I write but very little for publication, but it seems wrong to be stealing other men's thoughts and not even make an effort to contribute just a little mite. So here she goes: I like your, or our, journal, THE WORLD, because it gives so much information in general. It is men speaking to men in various ways; and all these ways are promoters of a higher life of thought and action. I don't agree with you in everything, but could I conscientiously lay aside so *much* truth and knowledge for that little difference? *No, no, no.* I am amused at some letters I see publisht in our journal, and a little ashamed of some others. They either don't know a *good* thing when they see it, or they are too selfish to acknowledge it. Brethren, you must get rid of that prejudice; because prejudice may be based on ignorance. I have taken Dr. Taylor up and have examined him closely, and I think I understand him. He is a man that is for the good and upbuilding of humanity; not only in one line, but all. He has left prejudice on the shelf. He don't vilify you as you do him. He don't load his cannon and shoot at you, like you do him, but simply smiles and says, "Shoot again, I am not hurt."

I am doing a medium practise down here in Marion County at a little town named Winfield, with three other doctors, and we get along very well. We have some malarial fever, some typhoid, some pneumonias, some smallpox, and other diseases common to our locality, and handle them reasonably well, except this vexing disease, Hungarian, or Cuban itch; it is the monster with us. I would rather have half a dozen cases of membranous croup than one of this itch—with present treatment for it.

Now, let us reason together and we'll understand each other better, and can do a greater work. In a multitude of counsel there is safety. So let the good work go on, Brother Taylor, and there will be *many* stars in your crown. Yours for good and greater power,

Winfield, Ala. W. J. MCCRARY, M.D.

[Brother McCrary, I once heard a noted evangelist say that he wanted to "save as many souls" as he could, as each one would be a star in his crown in heaven; and he wanted to gain as many stars as he could. I thought that his work and his religion were *extremely selfish.* And I have since made up my mind that I would never adopt such a selfish motiv for good work. I will not work for "stars in my crown." The *joy of service* is a much nobler motiv to actuate one.—ED.]

The medical editors enjoyed an automobile trip in St. Louis and its beautiful surroundings on Sunday, June 5th, thru the courtesy and generosity of Messrs. T. P. Haley and F. W. Sultan, of the Peacock Chemical Company and the Sultan Drug Company.

Digitized by Google

QUIZ

New books as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. The Medical World has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Still's Disease: Arthritis Deformans in Children.

Editor Medical World:—Will you please publish in the columns of your excellent journal a treatise on Still's disease—arthritis deformans of children—or designate where such information may be procured? An article covering the diagnosis, prognosis, and treatment of this somewhat rare and intractable disease would be of special interest to me at the present time, and no doubt would also be appreciated by many of your readers. E. E. Lamb.

Elwood City, Pa.

[Still's disease does not differ in any way from ordinary arthritis deformans, except that it makes its appearance in the case of a child instead of in an adult. The diagnosis, prognosis, and treatment are just as in the adult. The special features, if special they may be called, are as follows: No exostosis, but considerable swelling of the joints, the mobility of the joints being greatly impaired and muscular atrophy being markt. The lymphatic glands are distinctly enlarged thruout the body, quite as much as the lymph nodes near the joints. Anemia is markt.

Since every text-book on medicin gives full space to arthritis deformans, we do not feel warranted in taking up space with such a complete résumé as you desire. None of the works on pediatrics devote any special attention to it, presumably because one is expected to consult the regular text-books. Many works on pediatrics do not mention it at all, tho they give full space to other diseases of no more or less rarity. Forget the name of Still's disease, and work with your little patient just as you would with an adult with arthritis deformans.—Ed.]

Was Brain or Inner Ear Injured?

Editor Medical World:—Please outline treatment for patient whose symptoms are as follows: Age, 55; married; profession, teacher; height, 5 ft. 10½ in.; weight 145 lbs. For fifteen years suffered from enlarged prostate; also, chronic inflammation neck of the bladder. Can pass, very slowly, No. 30 French sound. Spasmodic stricture frequently present. Poor eyesight, bleeding piles, insomnia and nightmares since head injury.

Continued use of acids do not agree with him; has to take antacids.

For several years passed insufficient quantity of urin; at which time he was very weak and nervous and unable to attend to his work. Choking sensation *at times* when lying down at night; also jerkings of muscles and feeling as if something were jumping in his stomach. For past three years has had pain intermittently in region of appendix running down into right testicle, causing the cords to swell and become painful. During sexual intercouse the ejaculation of semen causes pain instead of pleasure, indicating some obstruction or inflammation of seminal duct, possibly involving the seminal vesicle. At times a sudden weakness comes on, occasionally a chew of tobacco bringing about an extreme weakness of the whole system.

About eighteen months ago, one dark night, he ran against a house with great force, striking the head just above the right eye. Did not fall nor lose consciousness, but for months afterwards the brain on that side felt as if it were torn loose, and walking was very painful. It is possible there was some capillary hemorrhage. For several months there was a roaring, buzzing, thumping in the right ear and pain in the right side of the head; these pains in the ear and head have continued, coming on at intervals of several weeks, then he would be comparativly free for two weeks or a month. Now the trouble is more continuous and persistent, but less pronounced. The inner ear particularly is affected, a dull, heavy, unpleasant sensation, beginning at the brain near the ear and extending down and involving the region of the carotid artery, causing a drawing sensation and apparently affecting the circulation in those parts. This whole trouble is much worse during the night and before day; much better during the day.

A full supper, too much exercise, or exposure to the sun tend to increase these troubles. Of late, slight nausea, constant thirst, temperature at times subnormal. Easily excited, memory poor, general weak condition. Has led a temperate life and never has had any venereal disease.

Can urinate more freely now than formerly; also quantity greater and tone of these organs in better condition.

He thinks that some local injury to the brain or inner ear is causing this continued trouble.

St. Andrew, Fla. W. G. Mitchell, M.D.

[Have him cut down his chewing tobacco to not more than three "chews" of a mild tobacco daily. Let him drink water freely thruout the day, whether thirsty or not, setting a limit of not less than two quarts in

Digitized by Google

the twenty-four hours. Let him take a cool sponge bath every morning, followed by a brisk friction with a coarse towel (this to be omitted if perfect reaction is not obtained). Supervise his diet, cutting out much coffee or tea, and much meats or potatoes. Make sure that there is no gaseous fermentation in the stomach and bowels, or if this be found, put him on 5 grains beta-naphtol every three hours. Investigate carefully his pulse tension, and if it be too high or too low (the latter being suspected), correct it by appropriate remedies. Make certain, by inspection of the stool, that no constipation exists. Give him a course of hexamethylenetetramin with elixir saw palmetto and santal. Give him the following pill every three hours till his nervousness disappears: Camphor, 1 grain; extract hyoscyamus and extract valerian, of each, one-half grain. Have his eyes properly refracted by a competent oculist, and insist on continuous wearing of appropriate glasses. Let him avoid indiscretions in diet and exercise, and explain to him that he can well afford to let his sexual system have a prolonged rest, as he is now on the "shady side," and should learn to grow old gracefully.

It is possible that his inner ear or brain might have been injured in his contact with the house, but we hardly think so, else the symptoms following would have been immediate and more pronounced.

Try veronal with him for insomnia, and palliate the bleeding piles by suppositories of stramonium, belladonna, and gallic acid. —ED.]

Treatment of Varicose Veins Without Operation.

EDITOR MEDICAL WORLD:—Can you give me some information on treatment of varicose veins other than operativ interference? I have a few females, married and single, who have consulted me, but do not want an operation performed on them. More women are troubled with this disorder in California than males. I have an idea that deferred menstrual periods have something to do in this disorder, in some cases, while others complain of constipation. E. MAGUIRE, M.D.
Oakland, Cal.

[Tho you do not so state, we assume that it is the leg which is involved. If this be the case, operation is seldom required, and may do much harm. In every case, whatever be the cause, constipation must be banisht before any improvement can be hoped for. Hamamelis, internally and as a lotion, is indicated in all cases. Strychnin and ergot are of great service, alone or combined, as the local and circulatory conditions warrant. Cold sponging, or bathing with equal parts of hamamelis and alcohol, followed by massage, is beneficial in many cases. The use of elastic stockings is a certain relief, but not to be considered as a cure in any case of long standing. Nice judgment is required in chronic cases as to the use of cold and massage. If the veins are very large or superficial and have a tendency to large cyst-like dilations, there is danger of formation of a thrombus or of rupture under any vigorous manipulations. The continuous use of the elastic stocking is always safe, and affords immediate relief.—ED.]

Probably a Case of Sycosis Vulgaris.

EDITOR MEDICAL WORLD:—Inclosed find some scabs taken from a patient's face. Tell me if this is impetigo contagiosa, barber's itch, herpes, or what it is. There is little burning or itching, and the lesions cover both cheeks and lobes of ear. It has persisted eight months.
Hutchinson, Kan. B. F. SLUSHER, M.D.

[Your specimens were absolutely worthless for purposes of examination when they reached us. If you will give us a clear clinical description of the disease, we will easily be able to make a diagnosis between the affections mentioned; or you can do it yourself from any work on dermatology, as they do not resemble each other in the least.

Meanwhile, we suggest softening the "scabs" with oliv oil to facilitate their removal. This excretion should not be allowed to collect and thus cover the lesion. The lesions can be kept exposed in this manner so that the following application may be made twice a day:

Resorcinol, powdered	½ ʒ
Beta-naphtol	20 gr.
Sulfur	½ ʒ
Boric acid, powdered	½ ʒ
Vaseline, enuf to make	2 ʒ

Mix, and make ointment.

Once daily, when washing off the lesions with warm water and soap, apply, by dabbing on with a pledget of cotton, a lotion of mercury bichlorid, 1 to 2,000, before applying the ointment.—ED.]

Death Following Laceration of Foot.

EDITOR MEDICAL WORLD:—April 23d last, W. B., aged 30, stept on a rotary saw; his foot (plantar) was cut and haggled from between second and third toes back to within an inch of heel (dorsal), about half the extent. We removed the second toe and about all the second metatarsal bone. No activ hemorrhage, but considerable oozing, which we found it difficult to restrain. The operation was thru about 12 m. We left the

Digitized by Google

Esmarch on till about four, when we re-applied dressings and loosened Esmarch. During evening removed it entirely. On dressing next day, wound lookt well; all oozing stopt; pulse somewhat rapid; no pain, temperature normal. Next day the same, except loosening of epidermis and a slight darkening of muscle on *outer* plantar surface. Sunday, third day, somewhat stronger, eating broth, fruit, etc.; darkening extending upward toward the os calcis. Monday the same. Tuesday, temperature 101.5 degrees. Said he felt himself again, and that morning relisht a trout, and broths for breakfast. As he had then recovered well from the shock, and temperature 102 degrees. I recommended amputation (Syme's). There was some redness *above* ankle. Dr. L., who was associated with me, agreed. We summoned a third doctor, who would not agree to it, giving as his reason that septic absorption had taken place and we could not say when to amputate. I then retired from case; he died in four weeks or five weeks from accident.

Kindly comment on this, as to which you think should have been done.

Washburne, Me. H. D. MCMANUS, M.D.

[At this distance we could not tell when the proper time to amputate had arrived, but it is certain that such injuries as this should not be followed by death. Doubtless there was septic absorption, but that does not furnish any contraindication for amputation; rather it makes it imperativ to save life by cutting off the source of continued infection. Certainly at the time of your retirement from the case much could have been done to save this man, whether it had been a Syme's or some other operation higher up. From your description, we should think the extensiv laceration warranted removal of more tissue at the primary operation; but doubtless you removed all that was destroyed beyond hope of repair. You left the Esmarch on too long. They are always to be removed as quickly as possible so that no more traumatism may be inflicted on tissues than is absolutely necessary. Prolonged contact is a cause of obliteration of the lumen of vessels, and may have been the cause of the blackening of skin and subsequent trouble.—ED.]

Migraine.

EDITOR MEDICAL WORLD:—Can you or some of the family give me anything that has proven satisfactory in the treatment of migraine (sick headache)? I have a few old chronic cases. Of course I know that there is nothing specific in the treatment, but I have never been able to treat these cases satisfactorily, and would like to hear from you, or some of the older members.

Falkner, Miss. J. H. PEARCE, M.D.

[Migraine is an explosiv neurosis. The term is oftentimes wrongly applied to any form of headache, both by physicians and laity. The true migraine is periodical, has a definit aura, and is accompanied by disorders of vision, terminating with an attack of vomiting. Many so-called migraines are not migraines at all, but merely a symptom induced by autointoxication. The latter type is readily relieved by thoro purgation, either accompanied by the ordinary remedies for headache, or alone. True migraine does not respond to such medication. Dr. Seguin, many years ago, pointed out that cannabis indica would cure true migraine. It is very hard to get a reliable preparation of the drug, but when one is found that will produce the physiological effects, then one should tie to it permanently. It is necessary to give full doses, day after day, over a long period, keeping the amount just short of enuf to produce markt physiological symptoms. Any patient who actually suffers from migraine will persist in the use of the remedy, when told that it has cured many cases, for a sufficient time to thoroly test it out in his case; the patient who simply has periodical attacks of headache from autointoxication will abandon it after a few weeks.

Various coal-tar preparations are the drugs most commonly used by the profession in the treatment of this affection, and, while they relieve the cases of headache, are not satisfactory in true migraine. Doubtless many of the family will offer you their favorit prescriptions, from which you may be able to select something that will prove satisfactory to you if your cases do not call for the cannabis indica treatment.—ED.]

Infantil Paralysis.

EDITOR MEDICAL WORLD:—I have a case that does not respond to treatment, and ask for help from you and also from your many readers. Baby boy, 7 months old, diagnosed as infantil paralysis, was all right until about one month old, then became paralyzed all over. Otherwise baby is healthy and robust. Can move head and arms slightly. Treatment: electricity, three times a week.

℞

Tr. nux vom.....3j
Elixir pep.....3ij
M. Sig.—10 drops, three times a day.

Its bowels, stomach, and kidneys act normally. Seems to improve some, but slightly. Father and mother are first cousins. First baby died at 4 months of age from pneumonia. It was paralyzed from the second week until death. Second child, now 2½ years old, is all right. I hope I may get some light on this case other than what I can find in text-books. DR. W. L. MORRILL.

Sterling, Kan.

[Intelligently applied massage is vastly superior to electricity in the treatment of

Digitized by Google

infantil paralysis. Ergot and belladonna have been highly extolled, but we have never seen any effect we could ascribe to their use. There is no "cure," since the damage has been done to the nerve structure before appearance of symptoms, and the destroyed nerve tissue cannot be regenerated by any means at our command. The only hope is to stay the process of muscular distortion, and tone up the muscles to their highest degree of efficiency. Massage, forcible flexion and extension, with the employment of appropriate apparatus, comprise the modern approved treatment for this distressing affection. Will any of the readers make any suggestion to Dr. Morrill by mail?—ED.]

Is Gasoline Poisonous?

EDITOR MEDICAL WORLD:—Is commercial gasoline, that is, gasoline as sold by merchants for heating purposes, etc., poisonous to man? What amount is considered as poisonous for an adult and what for a child of 2 years? KANSAS.

[Gasoline would undoubtedly act as an irritant if taken internally, and in that sense might be clast as an "irritant poison." We do not know if it possesses any other poisonous properties, nor do we know what would be considered a "poisonous dose" for adult or child, but certainly a very small quantity would be likely to induce enuf irritation to produce alarming symptoms. It boils at 122° F., and consists almost exclusivly of pentane and pentene.—ED.]

Optic Nerve Atrophy With Neuritis.

EDITOR MEDICAL WORLD:—Patient has been suffering for twelve months with neuritis of both eyes. History as follows: Age, 50; occupation, farmer; has had rheumatism for twenty years until one year ago, and taken treatment at Hot Springs for this condition and has gained relief. He then began to be annoyed with neuritis of both eyes. Altho his left eye is out, he complains of pain in "the eye." Pain in right eye with atrophy of right optic nerve. Pain in both eyes ceases at night, and is agonizing during day. His mind has become very much impaired. He is very wandering in his talk. He has staggering gait and wants to pitch to right side; sometimes falls to right side. No pain anywhere but eyes. Denies any venereal disease. Appetite good; sleeps well; bowels regular; kidneys normal; talks very much, especially about women. He has been married for about twenty years, wife living, no children. My treatment has been for three months 1-30 gr. strychnin sul. every four hours, with sat. sol. iodid potash three times daily after meals. I would be glad if some one could help me out on this case. ISAAC BARNES, M.D.
Atpontley, Tenn.

[We fear little can be done for your patient, as we suspect beginning cerebral change. It is possible that you might increase the dose of potassium iodid, for if benefit is to be derived from it in this case, it will only be by massiv dosage. If this fail, enucleation of the remaining eye may afford relief from pain. Perhaps some of the family who have special experience in eye work will make suggestions.—ED.]

Solvent Sought for Mercuric Bisulfate.

EDITOR MEDICAL WORLD:—I am not as good a chemist as a doctor ought to be, so I come to you for help. I want the best vehicle for mercuric bisulfate. That is, the one that will promote the most complete cutaneous absorption of the drug. If you will tell me how to make an eligible, efficient, topical application of this drug, I will report to the "family" what I consider an important discovery—one that will benefit mankind the world over. I have used lanolin, lard, pine tar, ichthyol, and petrolatum, but proportions were not right somehow. ALABAMA.

[We fear we cannot help you much. The only solvent mentioned in the books is dilute, hot, sulfuric acid. You might experiment with the formula we give in the second column on page 325 of the July WORLD. This is claimed to have solvent powers for mercury salts.—ED.]

Oxydonor: Friedreich's Ataxia.

EDITOR MEDICAL WORLD:—A patient is very anxious to know the value of the inclosed fake. His wife has congenital ataxia. I dislike to see them waste their money on a thing of this kind, unless it has some value. If you or any of the WORLD brothers can suggest any treatment for this condition, I will appreciate it.
Palmyra, Va. A. R. GRAY, M.D.

[We regret to say that there is no treatment of any avail in congenital ataxia, and it is deplorable that the manufacturers of such worthless appliances are able to act on the credulity of these unfortunates. You may assure your patient that he can get all the therapeutic effect out of a piece of gas pipe with a string to it, that he can out of the apparatus he is concerned about. No greater piece of rascality has ever been advertised. It is quite likely that you will not be believed and that another sucker's record will go on the files of this company, but you will have the consciousness of having tried to protect them in their ignorance. —ED.]

Penetrating Wound of Back Involving Mediastinum.

EDITOR MEDICAL WORLD:—What is the depth of the pleura in a man weighing 150 pounds, in medium flesh, five feet and nine inches in height? A wound was inflicted two inches below the left scapula and one

Digitized by Google

inch to the left of the spinal column, about opposit the seventh dorsal vertebra. Would it penetrate the pleural cavity? and what would have been the symptoms?

Oark, Ark. C. H. PATTERSON, M.D.

[Such a wound, if passing directly thru the chest wall, would penetrate the mediastinum or pleural cavity if the wound were one and a half to two and a half inches in depth. The chest wall varies so much in different individuals of the same height and weight that it would not be possible to give any exact figure. Likewise the symptoms would vary in proportion to the penetration after passing thru the chest wall and the amount of laceration inflicted on the internal organs. Your data are so very vague that we regret that we cannot give you any more exact information.—ED.]

Information Desired on Post Graduate Work in Germany.

EDITOR MEDICAL WORLD:—I wish to take post graduate course in Berlin, Germany, during the summer; and thinking you might be in position to give me some valuable information, will write you. I want to take a general surgical course; laboratory course in bacteriology and pathology; course in refraction, and operativ course on eye, ear, nose, and throat. I can speak very little German. What do you think it would all cost approximately? Do you think I would get as much out of it as I would taking the same work in America? What kind of a school is the Chicago Polyclinic? I took a course in the New York Post Graduate Medical School last summer and liked it very much, but thought I would like to try some other school this year. Give me all the information you can. J. R. LAY, M.D.

College Station, Texas.

[Without a good working knowledge of and familiarity with German you cannot hope to get as much out of it as you would from a course in a good post-graduate school here. We are not able to give you definit information as to the expense of such a trip to Germany, nor can we discuss the merits of the different schools in this column. Your best plan is to send to the various schools making a specialty of summer post-graduate work for their prospectuses, and then select the school giving greatest opportunities along the lines you desire to follow. Johns Hopkins stands high in the list of the post-graduate schools of this country.

Your letter is printed thus in the hope that some of the family who have been thru the German schools in the summer will write you personally and give such details as they know will prove of value to you. However, while work in one's own language is much to be preferred, it is surprising how well American students get along in the German clinics. The expense of the trip to Germany need not be more than $100, each way from an American port, and can be made for less. Living expenses in Berlin are about the same as in New York. There is a helpful fraternity among the American students studying at the medical centres abroad, and by inquiring at one of the prominent hospitals at any of these centres, you can easily "get a line on" the medical doings in said centre; and as soon as you can meet any American brother who has been there a few months, he will give you more information than you can possibly use. But, Doctor, you are attempting more than you can possibly do in one summer.—ED.]

Decomposition of Water by Electricity.

EDITOR MEDICAL WORLD:—Is it possible to separate water into its elements by means of electricity? How much current is required to do so? Is it not possible to add some substance to the water which makes it easier to so decompose it, such as an acid or an alkali?

I use a storage battery on my automobile. It would be a great thing if it would be possible to use this for making oxygen. Please tell me about it or cite reference. F. A. LONG.

Valier, Mont.

[It is possible to decompose water into its elements by the electrical current, but it would not be practical to atempt this with the storage battery of an automobile, for the purpose of producing oxygen in appreciable quantity. It is not worth while considering, Doctor, but if you desire to go into it further, any work on qualitativ analysis will give you information.—ED.]

Scleroderma.

EDITOR MEDICAL WORLD:—I would like to call the attention of the medical fraternity to the following case, in the hope that some one may be able to advise something that will be of benefit. Patient, a poor woman, never been married, age 35, Mexican, has been unable to do anything for over a year in consequence of induration of the extremities; no pain whatever, but forearms from tips of fingers to elbow joints are hard and solid, lower limbs from toes to knees the same, fingers flext but immovable, great discoloration of the skin, as dark as a negro, with occasional white patches on chest and limbs, bowels regular, appetite fair, sleeps well, urin seems to be normal (from one test only) sp. gr. 1020, reaction neutral no sugar, no albumin. Has been treated by several physicians for short time only with no benefit; muscles are so rigid that they do not respond to electricity. Menstruation ceast several months ago. I advised prolonged bathing in strong soda water, and afterwards rub in cocoanut oil, and to drink freely of distilled water. She declares the bathing makes her limbs worse, and she

Digitized by Google

can drink but very little water. Is this a case of scleroderma? Any suggestions in regards to this case will be thankfully received. C. WITNEY.
Santa Cruz, Cal.

[We think the case is plainly one of scleroderma. Cod liver oil, internally, and locally by inunction is indicated. Strontium iodid has proven successful in some cases. A 10 per cent. ointment of ichthyol in vaseline, renewed once a day, applied to the affected parts, together with a hot bath three times a week containing an ounce of ichthyol, has proven beneficial in the diffuse form such as you have. Fifteen-grain doses of salol three times a day is extolled by some clinicians. Many practicians have reported favorable effects from the use of thiosinamin. Arsenic and quinin are serviceable, and may be used in connection with any of the above suggestions. You may also receive suggestions from others in the family.—ED.]

Obstinate Cutaneous Pruritus.

EDITOR MEDICAL WORLD:—Find inclosed $3 for four years' subscription to THE WORLD. I have been taking THE WORLD since 1888 and like it better than any journal that comes to my desk, regardless of price. I would like a little personal help. I am 45 years old; in good health; do not chew, smoke, or drink; never dissipated in any way; kidneys sound; digestion good; weigh 160. Last October, developt a pruritus, occurring only on the extensors, worse about the ankles. Does not occur on face, hands, or neck; no eruption unless scratcht. I thought it was winter pruritus, but it continues in the summer. Have tried almost all kinds of ointments, with the result that anything containing grease makes it worse. Formula given by you in April WORLD, page 174, gives more relief than anything tried, but if I leave it off a day or two, it begins to itch again. Also tried formula of W. H. Young, May WORLD, page 204; this peeled off epidermis but did not cure. Will the lotion above referred to cure if continued long enuf? Anything that you can suggest I will be thankful for, as it is very annoying. I might mention that it will seemingly get well at one place and then shift to some other part, but always on the extensor surfaces, never in the flexors. At present time it is troublesome only on back and front part of leg and ankles. I have learned not to scratch it, for if I scratch it, it becomes sore, and burns as well as itches. W. C. MARTIN, M.D.
Mocksville, N. C.

[We think the use of this lotion will do all for you that any local application can, and will banish the trouble, in time. Treatment of such cases is always protracted. The underclothing, when washt, should also be put thru a carbolic acid or bichlorid wash to obviate any possibility of any reinfection. A course of alkalin diuretics may favorably influence this trouble. We like, too, to use sulfur and arsenious acid internally in any chronic or obstinate skin trouble, whatever the nature of the affection. You should not omit a single application of the lotion, and should persist in its use for some time after every evidence of this disease has disappeared.—ED.]

The Wasserman Test for Syphilis.

EDITOR MEDICAL WORLD:—What is the Wasserman test for syphilis and how is it performed? Is it a reliable test or not? I have lookt into all my late text-books and cannot find it.
Arrowsmith, Ill. DR. L. M. JOHNSON.

[The test of Wasserman is of service in making a diagnosis of a suspected lesion if the syphilitic condition is activ and has been untreated. It is worthless if the syphilis is in a period of calm, as frequently happens in the course of this disease. It is worthless if the patient has taken any mercury within a variable limit of about three months. *If* no mercury has been taken within that period, and *if* the patient suffers from obscure lesions and symptoms which may be syphilitic, and *if* syphilis really be present in an activ state, *then* the Wasserman test is almost invariably accurate in the hands of an experienced expert, and is to him of great value in arriving at a diagnosis. "The proper interpretation of the test requires great care and much experience" (Keyes). "This (Wasserman) serum test requires a very careful technic and is exposed to many sources of error. It therefore should only be undertaken by trained laboratory workers" (Wilson).

It is not practical, in the space at our disposal, to attempt giving the details of the Wasserman reaction, nor is the reaction itself of any practical value to the general practician.—ED.]

EDITOR MEDICAL WORLD:—The Walker Pharmacal Company, of St. Louis, Mo., offer "Cerefolius Orientalis" as a kidney remedy. I do not find it mentioned in the U. S. P. Is there, to your knowledge, such a plant with such a therapy? If you know anything about it, will you tell the family about it? F. A. REW.
Waverly, N. Y.

[The various plants of the cactus family are known as "Cereus," but we are unable to find any mention in any work of reference of "Cerefolius Orientalis." Can any of the family say if there is such a plant? —ED.]

EDITOR MEDICAL WORLD:—Inclosed please find check for $3 for four years' subscription to your valuable journal, which I have been taking for several years and feel lost without it. I enjoy, am refresht, and benefited by its regular visits. I don't, of course, believe all it says on religious topics, but what I don't believe don't hurt me, or you either; but it says so much that is true and I believe, that I accept it on its good intentions.
OCEAN CITY, N. J.. B. T. ABBOTT.

Digitized by Google

MISCELLANEOUS.

Millions Spent on Frauds.

Over $15,000,000 annually is poured into the coffers of those who exploit and advertise fake consumption cures, according to a statement issued by the National Association for the Study and Prevention of Tuberculosis; and for this vast sum the victims receive nothing in return, but are often permanently injured and in the majority of cases cheated out of the chance for a real cure. Worse still, most of this money is paid by those who can least afford it.

The National Association has investigated several hundred so-called "cures" and "treatments" for tuberculosis now being advertised throughout the country, and finds that more than $3,000,000 a year is being spent in soliciting the patronage of the public. On examination, it has been found that the great majority of these "cures" contain harmful and habit-forming drugs, such as morphin, opium, and chloroform. None of them will cure consumption. The only cure for this disease that has ever been discovered is the combination of fresh air, rest, and wholesome food. All of the "cures" that attempt to destroy the tubercle bacillus without these, or to stop the progress of the disease in some mysterious way, are branded as frauds, and impositions.

Three classes of "cures" are distinguisht by the National Association. In the first class are included devices and drugs which can be bought for any sum ranging from ten cents to five dollars at a drugstore. The United States Department of Agriculture has just issued a bulletin in which some of the most used of these drugs and remedies are analyzed and condemned. The second class of "cures" includes the "institutes," "professors," or companies of "doctors," who for a consideration guarantee to cure consumption by some secret method of which they are the sole proprietors. There are nearly one hundred and fifty of these institute frauds in the United States, cheating the people out of millions of dollars annually.

In the third class of "cures" are placed a number of home-made remedies, which either thru ignorance or superstition have been advanced as treatments for tuberculosis. Some of these are onions, lemons, rattlesnake poison, coal dust, lime dust, pigs' blood, dog oil, milk "strippings," and even alcohol. These will not cure consumption, declares the National Association. No drug, gas, or other material has yet been discovered which, when eaten, inhaled, or injected into the body, will kill the germs of tuberculosis. Fresh air, which contains more oxygen than any substance known, will destroy the germs of tuberculosis if it is breathed continuously for a long enuf period, and if rest and wholesome food are employed at the same time to build up the body.—*St. Louis Med. Review.*

Medical Marital Misfits.

The recent report of the Census Bureau on marriage and divorce in the United States for the forty years ending with 1906, the prevalence of divorce in different occupations is carefully dealt with. Actors come first, which is not surprising; then showmen, then musicians, commercial travelers, telegraf and telefone operators then. It is hard to see the connection, possibly because of the confinement of the doctor's wife to the telefone, but physicians and surgeons follow telefone operators in the frequency of divorce. Being so early in the list is somewhat of a shock to our professional pride, and we must seek for some excuse. Probably the most credible one is that which makes the prevalence of the drug habit so frequent among medical men. The ever-present temptation. The great increase in divorce of late years seems to affect medical men more than others. This may, in a measure, be explained by the improvement in the general health of the country thru the prevention of disease, thus curtailing the income of medical men, for nothing seems to satisfy a woman so much as a regular and sufficient income. What is quite surprising is that lawyers come quite low in the list, twenty-fifth, and that clergymen are the lowest except agricultural laborers.—*E. S. McKee in The American Medical Compend.*

Drs. Mixer.

ANOTHER CANCER CURE CONCERN DECLARED FRAUDULENT BY THE POST-OFFICE AUTHORITIES.

Drs. Mixer was the name under which C. W. Mixer, of Hastings, Mich., conducted a mail-order "cancer-cure" concern. There were no Drs. Mixer, C. W. Mixer being neither a graduate in medicin nor licensed to practise medicin. His methods differed but little from those of similar concerns. About the only variation from the stereotyped claims and ways of the "cancer-cure" fraternity was in the representation that C. W. Mixer's father (who, by the way, had been dead many years) had a cancer that the "best physicians in America" could not cure. He—Mixer, senior—then "discovered the great remedy that cured him," and, of course, the same "remedy" was the one now sold by Drs. Mixer.

In other respects the methods of this concern did not differ from those of the other "cancer-cure" frauds which have been exposed. The claims were equally extravagant and the system of follow-up letters in nowise original. The "remedy" was claimed to have cured 86 per cent. of those who had taken it and equal success was said to have attended the treatment of either internal or external cancer. The usual symptom blank was to be filled out by the victim and on payment of the required fee a batch of medicins would be sent.

Dr. F. P. Morgan, of the Department of Agriculture, opened correspondence with Drs. Mixer under an assumed name and on filling out a symptom blank he was told that the case described was one of cancer. Mixer perceived "no reason why you cannot be cured," and on the receipt of $11.80 sent the "treatment," which consisted of seven medicins. These nostrums were analyzed in the Government laboratories and were found to be composed, respectivly, as follows:

1. "MIXER'S CANCER AND SCROFULA SYRUP": A syrup containing potassium iodid, 6 per cent., alcohol and a small amount of vegetable ingredient similar to sarsaparilla, flavored with methyl salicylate.
2. "No. 1 WASH": Solution of hydrogen peroxid.
3. "No. 1 ALTERATIV": A mixture of alcohol and water containing a large amount of glycerin and a small amount of what appeared to be gentian.
4. "CANCER REDUCER": A strong alcoholic solution of camphoraceous oils, with considerable glycerin.
5. "CANCER PASTE": Vaselin (petrolatum) containing a large amount of ground flaxseed and some camphoraceous substance with what appeared to be hyoscyamus.
6. "CANCER SALVE": A mixture of vaselin (petrolatum) and lanolin (wool-fat) with powdered opium and tannin.
7. "CLEANOINE SOAP POWDER": Powdered soap containing borax and thymol.

In the advertising matter sent out by Mixer every effort was made to impress prospectiv victims with the idea that the concern was conducted by physicians. Nor was this the only element of fraud. Part of the "literature" contained a reprint of an article entitled "Palliativs and Curativs in the Treatment of Cancer and Scrofula," by C. H. Brown, M.D., from the *American Journal of Health.* This was prefaced with the statement: "The following is reprinted from one of the leading journals of the country." As a matter of fact, the *American Journal of Health* was not a "leading journal" but a fraudulent publication, printed to sell laudatory notices to mail-order medical concerns. These concerns then used such notices as being the indorsement of a medical publication. At the hearing Mixer

Digitized by Google

admitted that he paid five or ten dollars—he could not recall the exact amount—for the article.

The usual defense was offered—testimonials. There was no satisfactory evidence adduced to show that the individuals claiming to have been cured of cancer by the Drs. Mixer treatment ever had cancer. As the assistant attorney-general said in recommending that a fraud-order be issued: "It is to be expected that out of the multitude of cases that this advertiser treats each year there should be a certain number of instances in which persons do not have cancer at all but are afflicted with some non-malignant sores which are amenable to treatment [Especially to treatment with potassium iodid, which Mixer used!—ED.] and which in some instances do yield to treatment." After hearing all the evidence against Mixer as well as the defense offered by his attorney, together with some remarks in behalf of the "cancer curer" by the congressman from his district—E. L. Hamilton—the assistant attorney-general reported: "I find that this is a scheme for obtaining money thru the mails by means of false and fraudulent pretenses, representations, and promises, and I therefore recommend that a fraud order be issued against Drs. Mixer." And it was issued.—*Jour. A. M. A.*

Advertising Quacks Prosecuted in New Orleans.

The following clipping is from a New Orleans paper for June 9th:

W. H. Hale, eighteen months in the Federal prison at Atlanta and a fine of $5,000.

A. S. Dyar, thirteen months in the Federal prison at Atlanta and a fine of $1,000.

Roland Register, thirteen months in the Federal prison at Atlanta; no fine.

The above were the sentences delivered by Judge W. B. Sheppard of the United States Circuit Court Thursday afternoon shortly after 1 o'clock. Motions in arrest of judgment and for new trials were overruled and the convicted and sentenced parties were taken in charge by United States Marshal Victor Loisel. Unless other legal steps are taken to prevent they will be taken to Atlanta to begin their terms within the next week or ten days.

The above were advertising doctors convicted of using the U. S. mail to defraud.

Ohio State Board Examinations.

The following is a list of questions submitted to applicants for certificates to practise in Ohio, at the meeting of the State Board at Columbus, December, 7, 8, and 9, 1909:

ANATOMY.

1. Describe the scapula.
2. Name and locate the ductless glands.
3. Briefly describe the reproductiv system of the male.
4. Give the surgical anatomy of the gall bladder.
5. How many bones in an upper extremity? Name them.
6. What bone in the human skeleton first shows signs of ossification?
7. What structures enter into the formation of a joint?
8. Name the muscles that move the eyeball.
9. Give origin, course, and distribution of intercostal nerves.
10. With how many kinds of nerves is the tongue supplied? Name them. S. M. S.

PHYSIOLOGY.

1. Define metabolism.
2. What is the difference in food requirements between adolescence and adult life?
3. Where and by what secretions is meat digested?
4. At what point does intestinal and pancreatic digestion cease and why?
5. Of what is normal feces composed and what is its source?
6. What is lymph and what is its relation to nutrition?
7. Describe the physiology of the larynx.
8. What is asphyxia and how does it produce death?
9. Describe the motor areas of the brain for the trunk and lower extremities.
10. What is the sympathetic nervous system and its function? H. H. B.

CHEMISTRY.

1. Name the halogens and give the properties and uses of the one you consider the most important.
2. Explain the action of acids and alkalies on the fluids of the tissues.
3. What is the effect of the calcium salts in the system and for what conditions are they especially useful?
4. What are the tests for stomach hyperacidity?
5. What kind of water would you consider pure for drinking purposes? What impurities could you detect by chemical tests?
6. How does alcohol act as a poison?
7. What are alkaloids? Name five.
8. What is an antiseptic? Name five and briefly explain their action.
9. Give a physiological and chemical antidote for morphin. Explain the action of each.
10. Name four mineral poisons and give their antidotes. J. M. S.

MATERIA MEDICA AND THERAPEUTICS (REGULAR).

1. Name the alkaloids of veratrum viride, give their physiological action and therapeutic indications.
2. From what source is salicylic acid obtained? Describe its physical properties, state how it should be administered and some indications for its use.
3. Give the most important uses in medicin for sulfur.
4. Given an acutely dilated stomach with retention of food; how should it be treated?
5. Give a physiological reason for your conclusion concerning the value of external applications to the chest in diseases of the lungs.
6. Write a prescription for a man about 35 years old, of sedentary life, who is a large eater of what he calls "the substantial foods," who suffers from headache a good deal.
7. How is quinin curativ in malarial diseases?
8. How would you treat a case of poisoning from digitalis?
9. How do diuretics produce their effect?
10. When would you use the x-ray therapeutically, and how treat the burn if such a case came to you? E. J. W.

MATERIA MEDICA AND THERAPEUTICS (ECLECTIC).

1. Give properties, uses, and doses of apocynum.
2. Give specific indications for bryonia.
3. In what class of diseases, and in what form and dose, would you prescribe iris?
4. What are the indications for pulsatilla?
5. What is the botanical name for black cohosh and in what conditions is it useful?
6. What indications would cause you to prescribe chionanthus?
7. When would you prescribe digitalis?
8. What is the botanical name of lily of the valley? What are its uses?
9. What are the uses of saw palmetto?
10. When would you use the x-ray therapeutically, and how treat a burn if such case came to you? S. M. S.

MATERIA MEDICA AND THERAPEUTICS (HOMEOPATHIC).

1. Name two nosodes used in the treatment of tuberculosis. What are the results? Is this homeopathic?
2. In treating a case homeopathically, how do you determin the size of the dose?
3. Differentiate aconite and gelsemium.
4. Give the chief homeopathic indications for China.
5. Compare the cough symptoms of phos. and tart. emet., bryonia and kali bich.
6. Name two remedies most likely to be called for in the onset of a well-defined case of pneumonia.
7. Differeitiate aloes and merc. cor. in the treatment of dysentery.
8. How and from what is the tr. of arnica prepared; tr. of phosforus; tr. of apis?
9. What is the strength of the tr. of lachesis and from what prepared?
10. When would you use the x-ray therapeutically and how treat the burn if such a case came to you? T. A. M.

PRACTISE OF MEDICIN.

1. Give treatment, hygienic, and medicinal, of catarrhal bronchitis, non-tubercular.
2. Give treatment, hygienic, dietetic, and medicinal, of Bright's disease.
3. How does remittent fever differ from typhoid fever?
4. Give treatment for chronic cystitis.
5. Give the etiology, symptoms, and treatment of diabetes mellitus.
6. What is locomotor ataxia? Give its causes and treatment.
7. How would you treat a case of erysipelas?
8. State the probable location of a gall stone from the attendant symptoms.
9. Name some of the sequelae of adenoids.
10. How would you treat prolapse of the rectum?

H. H. B.; S. M. S.; J. M. S.; J. A. D. SURGERY.

1. What is the maximum dose of cocain when hypodermically administered?
2. What measures would you employ should the patient show untoward symptoms during chloroform anesthesia?
3. Make a diagnosis of anterior dislocation of the hip joint. How reduce it?
4. Diagnose appendicitis.
5. How would you treat an acute strangulated hernia by other methods than by operation?
6. Should a tumor of the breast ever be treated palliativly?

Digitized by Google

7. Diagnose empyema. Give two causes.
8. Diagnose pyosalpinx. Name the two most prevalent causes; briefly, how treated?
9. Give the relations of the ureters to the uterus and state what you would do if one of the ureters should be severed during operation?
10. Describe the mode of administration of serum therapy in cerebro-spinal meningitis. T. A. M.

OBSTETRICS.

1. Briefly state what can be done to prevent toxemia of pregnancy.
2. Make a diagnosis of accidental hemorrhage. Give some of its causes and suggestions for its control.
3. Explain the causes of the fetal mortality incident to breech presentation.
4. What conditions indicate the use of the forceps? What have you to say concerning their frequent use?
5. Make a differential diagnosis between ascites and ovarian cysts.
6. What is the history of retro-displacements of the uterus where pregnancy exists?
7. Discuss briefly the use of mechanical supports in uterin displacements.
8. Give the signs and symptoms of pelvic abscess.
9. Give the clinical history of fungus endometritis. What treatment do you advise?
10. Describe the development of the heart? E. J. W.

PATHOLOGY, BACTERIOLOGY, AND HYGIENE.

1. Define fatty infiltration.
2. Name four different kinds of pigmentation.
3. What type of carcinoma is most common in the stomach?
4. What is a cyst and what are the different forms?
5. Describe the microscopical appearance of glioma.
6. Name four pathogenic cocci and what disease they cause.
7. Name the specific cause of syphilis; malaria; diphtheria; pink eye; scrofula.
8. What are the sanitary requirements in house plumbing?
9. Name three methods of purifying water?
10. What is sewer gas? What evils may arise from it? J. A. D.

DIAGNOSIS.

1. What pathological significance is given to the plantar reflex (Babinski phenomenon)?
2. A general distention of the abdomen, what pathological condition may it suggest?
3. When blood is found in the urin, how can its origin be determined?
4. Define râles, mention their principal types, and give their pathological significance.
5. What indications are derived from an increast dullness of the cardiac area toward the left and downward? A. R.

DERMATOLOGY, SYPHILOLOGY, AND DISEASES OF THE EYE, EAR, NOSE, AND THROAT.

1. Define eczema and describe eczema of the hairy scalp.
2. Mention the differential characteristics between psoriasis and eczema.
3. How would you treat scabies?

Pamphlet of Medical Laws.

Recent graduates who have not yet located, and physicians who are contemplating removal to another state, are advised to send 30 cents to the American Medical Association, 535 Dearborn Avenue, Chicago, Ill., for the pamphlet on the LAWS (abstract) and Board Rulings Regulating the Practise of Medicin in the U. S. and other countries. This last (16th) edition is revised to June 15, 1910. This pamphlet will answer all your questions concerning the medical law of any state or foreign country, educational standards, reciprocity among the states, etc.

A Prayer for All Working Women.

The following very beautiful prayer, by Prof. Walter Rauschenbusch, of Rochester, N. Y., is taken from the *American Magazine*. Professor Rauschenbusch was for eleven years pastor of a little Baptist church in New York, most of the members being wage workers. He is now in the Rochester Theological Seminary.

O God, we pray Thee for our sisters who are leaving the ancient shelter of the home to earn their wage in the store and shop amid the press of modern life. Grant them strength of body to bear the strain of unremitting toil, and may no present pressure unfit them for the holy duty of home and motherhood which the future may lay upon them. Give them grace to cherish under the new surroundings the old sweetness and gentleness of womanhood, and in the rough mingling of life to keep the purity of their hearts and lives untarnisht. Save them from the terrors of utter want. Teach them to stand by their sisters loyally, that by united action they may better their common lot. And to us all do Thou grant wisdom and firm determination that we may not suffer the women of our Nation to be drained of strength and hope for the enrichment of a few, lest our homes grow poor in the wifely sweetness and motherly love which have been the saving strength and glory of our country. If it must be so that our women toil like men, help us still to reverence in them the mothers of the future. If they yearn for love and the sovereign freedom of their home, give them in due time the fulfillment of their sweet desires. By Mary the beloved, who bore the world's redemption in her bosom; by the memory of our own dear mothers who kist our souls awake; by the little daughters who must soon go out into that world which we are now fashioning for others, we beseech Thee that we may deal aright by all women.

BOOK REVIEWS.

PULMONARY TUBERCULOSIS AND ITS COMPLICATIONS. By Sherman G. Bonney, M.D., Professor of Medicin, Denver and Gross College of Medicin, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 x-ray photografs. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $7 net; half morocco, $8.50 net.

This, the second edition, is thoroly revised, and thru sheer merit will continue to be the American standard work of reference on the subject, since it is the most recent and complete exponent of our rapidly advancing knowledge of this important subject. It is complete, modern, and practical. A great deal of new material has been added, and extracts from the latest literature are incorporated. All important contributions to the last meeting of the International Congress on Tuberculosis in Washington have been reviewed. Five new chapters appear. Forty additional text illustrations are noted, and eleven insert plates, nine of the latter being in colors. It is not possible for any one book to handle thoroly every phase of this protean subject, nor has any individual the experience in special lines to justify his assuming to so treat it; the aim of the author, therefore, has been to analyze experience recorded by others, to present in simple and concise form the results of research, to form reasonably correct interpretations of the evidences presented by the disease and its investigators, and to submit practical conclusions from the clinician's viewpoint. The work aims to fill the need of the general practician and student. Without committing himself to any claim, he reports the present status of vaccine therapy as regards the hope for immunity. The work is well balanced; the material judiciously chosen, and the text admirably adapted to the man who must face the disease and win the approval of the profession.—A. L. R.

A HANDBOOK OF MEDICAL DIAGNOSIS, for the use of practicians and students. By J. C. Wilson, A.M., M.D., Professor of the Practise of Medicin and Clinical Medicin in the Jefferson Medical College, and Physician to its hospital; Physician to the Pennsylvania Hospital;

Digitized by Google

Physician-in-Chief to the German Hospital, Philadelphia. 408 text illustrations and 14 full-page plates. Publisht by J. B. Lippincott Company, Philadelphia and London. 1910.

Contains 1,412 pages. It is divided into four parts: Medical Diagnosis in General; Methods and Their Immediate Results; Symptoms and Signs; Clinical Applications. The author deems that this arrangement simplifies the arrangement of the topics. The aim is to correlate clinical phenomena and complexes of clinical phenomena constituting disease in such manner that the practician seeking information on any obscure disease may at once find a discussion of the methods necessary to clear the matter up. Practical ends are continually sought, as distinguisht from theoretical discussions. The illustrations are mainly from original cases in the author's hands. Clinical charts are freely used. The teaching experience of the author permits of his intuitivly knowing just what points will prove difficult to the man who is not familiar with his subject, and likewise enables him to make the subject plain and practical.—A. L. R.

DISEASES OF THE STOMACH AND INTESTINS. By Robert Coleman Kemp, M.D., Professor of Gastro-Intestinal Diseases, New York School of Clinical Medicin. Octavo of 766 pages, with 279 illustrations. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $6 net; half morocco, $7.50 net.

This book excels others in the efforts made to aid the general practician to adapt simple and practical methods of diagnosis and treatment. No other work furnishes so many prescriptions designed to meet specific conditions. The illustrations are mainly original, and are well selected for emphasizing clinical features of various diseases, conditions, and landmarks. The articles on typhoid fever, appendicitis, and intestinal parasites are of notable merit and value. Lavage, orthopedic and mechanical methods, examination of the functions of stomach and intestins, local treatment, atony, cancer, intestinal putrefaction, hemorrhoids, nervous diseases of the intestins, enteritis, constipation and diarrhea, examination of the feces, acute and chronic dilation of the stomach, ulcer, and many other sections bristle with good practical points for the man in everyday practise. It is the plainest and most simple work on the subject we have seen, and any of its teachings are readily understood and put into effect without the aid of elaborate apparatus or special skill or experience. The text is terse and free from discussion of mooted points and theoretical verbosity. It is sufficient for the needs of any but the specialist on internal medicin. It is rare that any book on a special subject is so thoroly adapted to the man lacking special experience or skill.—A. L. R.

PREPARATORY AND AFTER TREATMENT IN OPERATIV CASES. By Herman A. Haubold, M.D., Clinical Professor in Surgery and Demonstrator of Operativ Surgery, New York University and Bellevue Hospital Medical College, New York; Visiting Surgeon Harlem and New York Red Cross Hospitals, New York, etc. With 429 illustrations. Publisht by D. Appleton & Co., New York, N. Y., 1910.

Contains 639 pages and an index. It fits any physician to prepare a case for operation and to care for it subsequently, and it will thus do much to elevate the standing of physicians in the eyes of surgeons. Surgeons do not deem physicians competent to prepare a room or a patient for operation, and insist on having their nurse do the work the family physician should do; this humiliates the physician and lowers him in the estimation of the family. The physician resents this, even tho not competent to prepare the patient properly. The surgeon has not helpt matters by his too frequent attitude of superiority. The author understands the conditions well, and he has produced a book which will enable the physician in general practise to glean the information which will make him competent to handle a case properly from the time a decision is made to operate till the time the first incision is made, then to take charge of the case immediately after operation is completed and handle it alone up to complete recovery. The tendency of the surgeon to "pose" is decried, and the shortcomings of the average physician are chided. The reason for division of fees is made plain, and the deplorable condition is the fault of the surgeon, and a matter of self defense on the part of the physician. We have never seen views of the matter so ably and correctly exprest by a surgeon. Nephritis, diabetes, obesity, tuberculosis, and other diseases, as related to operativ procedures, are well treated. If physicians follow the precepts and directions given in this book, they will be able to demand a full share of the recognition and fees now assumed and awarded the surgeon. The book has many hints and suggestions of value to any general practician who does his own operating.—A. L. R.

OUR MONTHLY TALK.

During these August days (however, this is written in July, and much of July has been very hot) politics do not occupy a very important place except in the minds of anxious candidates. So I will not have much to say this month, and I would be tempted to omit this department entirely this month if I dared; but judging from the correspondence that I am constantly receiving, I would fear an uprising if a WORLD would appear without a "Monthly Talk." An important election will occur in November (the election of a new National House of Representativs); and there will be important state elections, particularly in those states whose legislatures will elect new U. S. Senators. The thing to do now is to look out for the nomination of the right kind of a man by your party for Congress in your district. And when election day comes in November, do as I have said before: Favor the election to Congress of either a truly progressiv democrat or an insurgent republican—not much difference which. So if you are a democrat, don't hesitate to vote for an insurgent republican in preference to an "old line" democrat—the kind that would like to crucify Bryan and his principles. On the other hand, if you are a republican, don't hesitate to vote for a good, reliable Bryan democrat in preference to a Cannon republican. We want either Roosevelt republicanism or Bryan democracy to prevail in this country—not much difference which.

Political prophecy, particularly as to candidates, is always dangerous in this country; and emphatically so in these times of rapid changes. And I am not a prophet nor the son of a prophet. But I am going to ask you to keep your eye on two men, in connection with the democratic presidential ticket for 1912. These two men are Mayor Gaynor, of New York City, and Senator Owen,

"Talk" may be separated from THE WORLD by cutting the last on this line. Then "Talk" without the medical part may be passed among lay friends, or given to the editor of the local paper to copy from.

Digitized by Google

of Oklahoma. Mayor Gaynor is occupying administrativ position second in importance only to the presidency of the U. S., and in many ways more difficult than the latter position; and he is giving New York City perhaps the best administration that it ever had. For an enlightening article on Gaynor's administration, see *The World's Work* for July. If the democratic convention should nominate William J. Gaynor for president, Senator Owen would make a good "mate" for him. He comes from the growing Southwest, and has thoroly modern ideas in government. The Owen bill for a National Department of Health should solidify the entire medical profession of the country for him. So write this memorandum: "Gaynor and Owen," on a card or a slip of paper and put it away till 1912.

I will not venture a suggestion for the republican ticket in 1912, except to say that the Taft probabilities have greatly decreast in the past year, and Roosevelt is now large on the horizon.

But let us not allow the larger or more interesting things to take our attention from our smaller but no less important duties. I refer to the ensuing local and state elections. Last month I offered to send a copy of Senator Bourne's speech on the experience of the people of Oregon with the Initiativ and the Referendum, free to any doctor in Arkansas who would ask for it; but not over a dozen have requested it—and the people of Arkansas will vote on that question September 12th. I will renew my offer to the Arkansas doctors, and I will hope that they will "not be so backward about coming forward." This speech gives actual experience, showing that this method of legislation is not an untried experiment—and the state of Oregon has to-day probably the best government that the sun shines upon—due almost entirely to the Initiativ, Referendum, and Recall. As soon as these facts become generally known, there will be an irrepressible demand for these improvements by the sensible people of every state in the Union.

I may miss it in any prophecy that I venture as to candidates, but I will stake my reputation as a prophet upon this: that sooner or later (and it may come with surprising rapidity) every state will enlarge the direct participation of the people in their government, by means of Direct Legislation (consisting of the Initiativ, Referendum, and Recall).

Judging from the scant requests for Senator Bourne's speech from the doctors of Arkansas, I think it would be safe to offer a free copy of the speech to *any* doctor, *anywhere*. You don't even have to send postage, as it is sent out under the Senator's frank. So you who want to read this excellent and important speech, and then show it to friends, and talk Direct Legislation ever after, may have a copy upon request; and if I am swampt with requests I will call upon the good Senator to help me out.

Every state which has not yet made this improvement in government (and only eight have), should elect a legislature pledged to the submission of a Direct Legislation (Initiativ and Referendum) amendment to the state constitution. Will you ask the candidates for the legislature in your district to so pledge themselves? If any refuse, you can so publish, and make his election impossible.

Religion and Life.

I know a man to whom the advancement of Direct Legislation is a *religion;* and he devotes himself to it with religious fervor. After you read Senator Bourne's speech you will see that it has been a pretty good religion for Oregon—that is, the kind of religion that makes this world a better place to live in. But to most people, religion is still that far-away kind, concerning a distant future life in some distant place; and they look for their whole authority in the distant past. To them, religion must be a *distant* thing; not a near and present, usable thing. The things which are near are vulgar; only the things distant are sacred! Perhaps that is the chief reason why the discussion of religious topics is so dangerous—dangerous to the peace of a community or a circle of friends, unless such community or circle of friends is made up of people of similar views and training concerning authorities in the distant past, and expectations in the distant future.

I have at last had a chance to go over those accumulated letters, and this one gives me the most concern. It is from a dear old gentleman in Nova Scotia—an old and valued reader of THE WORLD, who has grown old gracefully in the profession. I have a strong personal regard for him, for when my picture was sent to subscribers he reciprocated by writing me one of the loveliest letters I ever received, accompanied by a large photograf of himself, showing a noble head and kind face. It hurts to lose the regard of such a man and friend: but it is our highest duty to be frank and honest with ourselves and to one another, whatever the results may be. Here is the letter:

ANTIGONISH, N. S., February 28, 1910.

DEAR MR. EDITOR:—Having been confined to bed these last few months, I have not read THE WORLD, so had no idea that it was waging an anti-Christian campaign till the other day. I find the Editor's statement that he did not see how the scientific mind can believe in the resurrection of Jesus.

I do not know how far your unbelief may carry you, whether you are *one* "who hath said in his heart there is no God"—but are you sure yours is a scientific mind? and are you aware of the limitations of the human mind?

I consider your conversion of your monthly journal, from its supposed function of a medical periodical to an anti-Christian sheet, a great breach of faith. I paid my subscription four years in advance and I did not at that time propose to help support an anti-Christian crusade. With regard to the non-acceptance by the "scientific mind" of the fact of the resurrection, I may say that in mathematics, a science supposed by many pseudo-scientific scoffers at religion to be always clearly demonstrable there are theorems entirely incomprehensible which are nevertheless true and the basis of various and practical calculations. I could give you examples, but I do not suppose you have the type nor I the time for these formulae.

If you do not deny a great first cause and Creator, you might allow that resurrection was not more difficult than creation. What great good do you think you will achieve by destroying Christianity?

In a practise of fifty years I have found it to be the best placebo as death draws near, giving infinit peace and comfort; and in the course of disease, by calming down the fears and emotions, a very present help. I have practised in a country of about 50,000 inhabitants, where an unbeliever is a *rara avis*, an outspoken militant infidel not known; and I am glad to say that we have reliable witnesses and conscientious jurymen, and in my memory, which carries me over sixty-five years, the number of homicides have been three.

Since 1880 the anti-religious crusade has been going on in America, till now open unbelief is openly taught in colleges by professors, and in that period the murder rate has increased 700 per cent.

In my day in Harvard in the '50's, New England was very free of crime; life and property were safe; in fact, I have no doubt that Christianity and crime are in inverse proportion.

"Scientific minds"—Newton, Euler, Pascal, Michael Farraday, Dawson, Lord Kelvin, Pasteur, were soundly Christian. You will hardly assume they were not up to your scientific standard. Finally, make note of the

Digitized by Google

old proverb, *"Ne sutor ultra crepidam":* Let not the shoemaker go beyond his last.

Supposing one were to grant that Christianity were not provable, it yet has given to the world its greatest heroes and most lovable men, and its moral restrictions have averted chaos; but its restrictions and threatened penalties are the great reasons for its abandonment by those who feel it relief not to believe. Yours truly,

W. H. MACDONALD.

The good brother's subscription is paid till October, 1912; but I will discontinue and refund any time that he wishes to request the same. However, I have given very abundant quantities of purely medical matter each month compared to journals of similar price, and I have so arranged the "Talks" that they could be torn out if not desired, and by far the larger part of the religious matter has been on the advertising pages—which belong to me rather than to the subscriber; so you see I have tried to be fair and square with every one.

Please let it be understood distinctly that I am not trying to "destroy Christianity." Many, *very* many, good earnest Christians will say that Christianity does not consist in a belief in the resurrection of Jesus; and those who base Christianity wholly and solely upon that will find themselves a diminishing quantity as time goes on. People, I mean church people—Christians—are reading and thinking; and they are finding broader bases for religion than the matter just mentioned. It is not a matter of the "scientific mind." Many ordinary minds are seeing that the things that are vital to the Christian religion are the words and teachings of Jesus and His chief advocate, Paul, rather than what has been written concerning His death and the disposition of His body.

The old saying that to a God "resurrection was not more difficult than creation," used to "go" as an argument, but it doesn't any more. The evidences of creation are about us constantly; but the evidences of any miraculous interference with the regular methods that were originally ordained, are far away and very flimsy indeed. Of course an almighty god *might* have broken his laws, but why *should* he? and *did* he? I believe in a consistent, unchangeable God.

Can't you find in religion any better "placebo" as death draws near than the breaking of a law of Nature? If not, your religion is very restricted as to resources.

The population of Nova Scotia is homogeneous in blood, language, and religion; and the English blood is a good stock. In such a country crime is always low. The population of New England has changed very much in the last half century, and is still changing rapidly. The old families have moved out or died out, very largely, and chiefly foreigners have taken their places. In such a changing and heterogeneous population the crime rate is always higher than in a stable and homogeneous population. As a further proof that the belief in such a thing as the resurrection of Jesus has nothing to do with it, the foreigners who have moved into New England are, as a rule, as firm believers in that dogma as our dear friend Dr. Macdonald himself.

All thru his letter, particularly in the latter part, Dr. Macdonald intimates that a belief in the resurrection of Jesus is "Christianity"! Let me say that I would like to fill many pages in presenting what Christianity is *more* than this dogma; and it is *this,* not the dogma, that has served the world so well and will continue serving the world after the dogma has been forgotten. And it was this, rather than the dogma, that made Christians of the eminent men he mentions.

* * *

Now let me go back and fulfill an old promise to publish Father Cummins' last letter. I am very sorry that it could not have gone in sooner, but scores of letters—and many good ones—cannot go in at all; and very seldom have I publisht any of the very many that commend the course I have taken and agree with my views.

CONCEPTION ABBEY, CONCEPTION, MO.,
January 13, 1910.

To C. F. Taylor, M.D., Editor of THE MEDICAL WORLD, *Philadelphia, Pa.:*

DEAR DOCTOR:—I do not think I am the only WORLD reader who found one or the other riddle in your remarks on page 20 of the January WORLD.

RIDDLE 1.—Why is Father Cummins praised for statements occurring in the first paragraf of his letter quoted immediately before? That paragraf evidently expresses the opinion of Dr. Taylor and his associates, from whom Father Cummins, as the remainder of his letter shows, differs most fundamentally.

RIDDLE 2.—Why is Father Cummins praised for his frankness in saying that within the Catholic Church "bold and progressiv minds concerning doctrin are at once suppresst"? The author of that statement is not Father Cummins but Dr. Taylor (see September WORLD, page 416.) Father Cummins simply quoted Dr. Taylor.

RIDDLE 3.—Why is Father Cummins lauded for the prophetic utterance: "In every Protestant denomination there is a progressiv party, that some time will dominate, and away will go the creeds of past centuries along with the witches and ghosts"? Father Cummins is simply quoting, in words almost identical, the sentiments voiced in the September WORLD, pages 415 and 416. The Reverend Father may feel loath to resign his rôle as prophet, but truth forbids him to retain the title at the expense of another.

RIDDLE 4.—How can Dr. Taylor consider Father Cummins a prophet at all? Prophets, of all men, have bold and progressiv minds. Father Cummins glories in belonging to the Catholic Church, within which, according to Dr. Taylor, bold and progressiv minds are at once suppresst.

RIDDLE 5.—Why does Dr. Taylor deny the resurrection of our bodies because he does not *want* his resurrected? In the October WORLD (page 437) Dr. Taylor commends Dr. Emmons for warning us not to decide as we feel—as we *want* to.

RIDDLE 6.—Who claimed an analogy between the setting and rising of the sun and the death and resurrection of Jesus? Father Cummins is evidently replying to the objection raised by Francis Watry on page 20 in the October WORLD. If Watry's objection held good, we would have to deny that the sun rises and sets, since the statement as it stands rests on a childish conception of the universe.

Doctor, do you believe the astounding conglomeration of historical statements given by Dr. E. V. Hall on page 44 of the January WORLD? Let us glance at one or two.

"It has only been about one hundred and fifty years since they (physicians) were permitted to dissect the human body."

Turn from that statement to the Encyclopedia Brittanica (article Anatomy) and read what William Turner, the eminent Scotch anatomist, says of Mondino: Mondino is "the father of modern anatomy," * * * he "taught in Bologna about the year 1315" * * * "In 1315 he dissected and demonstrated the parts of the human body in two female subjects; and in the course of the following year he accomplisht the same task on the person of a single female."

All this, be it remembered, about *six hundred* years ago, and in the University of Bologna, at that time in the Papal States and under the direct supervision of the Church. Follow Dr. Turner to James Berenger, who "flourisht at Bologna at the beginning of the sixteenth century. In the annals of medicin his name will be remembered not only as the most zealous and eminent in cultivating the anatomy of the human body, etc. His assiduity was indefatigable; and he declares that he dissected aboue *one hundred* human bodies." Bologna again, and *four hundred* years ago! "Italy," continues Turner, "long retained the distinction of giving birth to the first eminent anatomists in Europe, and the glory she acquired in the names of Mondino, Achillini, Carpi, and Massa, was destined to become more conspicuous in the labors of Columbus, Fallopius, and Eustachius." All these men were Catholics, notice, born and reared in Italy, where the Catholic Church held full sway. Columbus distinguisht himself as professor at *Rome* in the *Papal* Medical School.

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII SEPTEMBER, 1910 No. 9

Endowment Life Insurance for the Physician.

[This was intended for a reply to the Idaho Doctor, but we find it is too long for the query column, and use it as an editorial, since it is a matter of general interest and may save many a young physician from making a mistake by paying an excessiv price for protection in the belief that he is making an investment and getting protection also. Moreover, he will be able to carry much more, and most probably nearer an adequate amount of insurance if he stick to the 20-payment life plan than if he take up with the endowment idea.—ED.]

Endowment life insurance is not an investment. Solicitors have a way of making it appear that it is, but any one who studies the matter will not be deceived. It costs the life insurance companies less than $12 each year to carry the risk of a life at $1,000. All money over and above this $12 goes for solicitor's commissions, doctor's examinations, and incidental expenses. By "cost," we of course refer to loss by death. No man and no company can tell how many men out of a hundred will die in a given day, month, or year. But any man or any life insurance company can tell by reference to the mortality tables compiled from the results of all the life insurance companies during the past fifty years, just how many men out of a hundred thousand will die any day, month, or year. Thus it is known to a cent what it costs to carry a risk for a year on a thousand dollars or any multiple thereof. Suppose, for instance, if you were to pay your endowment premium annually, and paid $70 yearly. The company would take out what they knew it would cost them to carry your risk; they would deposit the reserve fund from the balance, which the state requires from every policy written; the balance they would place at interest for your benefit. Or, more strictly speaking, this deposit would be made to draw interest for the collectiv benefit of the group to which you were assigned, since each individual in the group shares pro rata with all other individuals whose policies mature. Now, no insurance company can take *any risk* of loss on money so invested to draw interest; their investments of these funds must be absolutely sure. Hence their choice of investment is very limited, and pays them only 4% to 5% yearly. All companies publish a list of their investments, and if you will ask for this, you can easily verify for yourself this fact. Hence when a solicitor figures out on paper for you how you are going to make 10% to 25% yearly on your investment, you may well ponder where the profit is coming from. It is to be remembered that some men permit their policies to lapse after paying a few premiums, and that this money is divided among the group, but such a fund is not sufficient to materially alter the returns. Now, you can place your surplus money on first

Digitized by Google

mortgages on real estate right in your own town that will net you 6% or more annually, and be absolutely safe and sure from loss.

You must figure that it is worth something to you to be insured, but you can secure just as good *protection* (in event of death), from a policy that will cost you much less money. You can invest the difference between the cost of endowment insurance and 20-payment insurance at 6% in mortgages, and come out way ahead, *if you live out the period.* If you die during the period, your 20-payment life insurance policy will pay you the same thousand dollars that your endowment policy would pay you. Yet, if you die in this period, having an endowment policy, it does not pay to your estate anything of the excessiv premiums you have paid. If you live out the period, you will not begin to receive as great returns as if you had invested the money in mortgages. Any man holding endowment insurance, and dying before maturity, loses all he has paid in to the company in excess of the cost of 20-payment insurance. Moreover, you say "pays $1,000 either at death or in 20 years." Are you sure of this? Is such a pledge specifically stated, in so many words, in the policy? Most policies *estimate* this, but at death or maturity, you or your estate mutely takes what is given. Most policies estimate that other policies in like form have paid such returns, and that consequently yours should; but this is far from a guarantee. Companies do not generally guarantee *anything*, except to pay the face of the policy at death, and this is too often contested. Do not figure that you can "beat" an insurance company on a bargain; you are taking all the risk all the time. They figure only on absolute certainties, and you get nothing you do not pay for.

The best form of policy for a doctor, 33 years of age, making his money as he goes, is the 20-payment life plan. Every doctor who has a family dependent upon him, should buy all the insurance he is able to pay for as early in his career as possible, but should steer clear of the endowment as too expensiv and too risky for his family. Take your pencil and figure interest at 6% on $672 for twenty years, compounding it as you could do in actual practice, and see where you come out on $1,000. Then remember the face of the policy is seldom guaranteed.

Government Medical Positions.

Medical men who contemplate entering the government service in a medical capacity should write to the U. S. Civil Service Commissioner, Washington, D. C., for information concerning vacancies, examination of applicants to fill same, salary, etc. There are frequently vacancies in government hospitals for the insane, located at various places; in the Indian service, in the Panama Canal service, etc. But for information concerning medical positions in the U. S. Army address the Secretary of War or Surgeon General of the Army, Washington, D. C., and concerning medical positions in the Navy address similar officials in the U. S. Navy. The above should always be done instead of requesting this kind of information from us, for then you get the information direct from official sources, just as we would have to do for you.

Business Talk to Doctors.

Business, business, business. Yes, business all the time. We can't get away from it. They say, "As long as there is life there is hope"; also, as long as there is life there will be *business*—and if we don't keep our business affairs in proper shape during our lives there will be a "pretty mess" of business when we die. Do you know of any man in the world who is free from business duties? Suppose you have made your fortune. Do you suppose you will then be free? The arts of the schemers would be redoubled against you. Is Andrew Carnegie or John D. Rockefeller free from business duties? Ask them. They have their possessions pretty well protected from the schemers, but the judicious use and disposition of their vast possessions is a tremendous business problem to them. So they are not free, nor will they ever be free, nor will we.

The first business duty for a physician is to attain that knowledge and skill that will enable him to do his full duty to his patients. The next—after the money is earned—is to collect it. The third is to make judicious use of his income for himself and family, including constantly improving equipment (mental as well as material) for the practise of his profession, and a *safe* investment of any surplus.

On this last the schemers catch the doctors. The favorit method used to be by means of mining propositions, until we exposed them so thoroly that they are com-

Digitized by Google

paratively few now among the many schemes to catch the doctor's dollars, which schemes have now become exceedingly varied. And this is a reason that they are now harder to trace and to "crack" than when they were simple mining propositions. They are now rubber plantations, banana plantations, Florida swamp land, California eucalyptus groves, California vinyards, Texas lands, inventions of various sorts, etc., etc., etc. All the things which fail to enlist the interest of the shrewd capitalist are painted up in the most brilliant colors to catch the small investor. For years I advertised for a single doctor or other small investor who had invested in the usual mining schemes that are offered broadcast to doctors by means of circulars, form letters, etc., or to small investors by means of "stud hoss" advertisements in the Sunday papers, and who ever got his money back. I never found one. Now I will ask for some one who has ever invested in any of the other kinds of schemes mentioned above who ever came out whole.

I wish particularly to warn you, as I have often done, against the numerous ten-year installment payment schemes. Many changes can and do take place in ten years. The originators, even if all right in intention, may die, and leave irresponsible or dishonest successors. But usually the originators are in it for early results, and then they get out with their pockets full, and leave troubles for others behind. Why should you take this ten-year risk? If you want to make monthly payments for the benefit of later years, set yourself the task of placing a certain amount to such a fund in the bank. Then you will be safe every month of every year; and when the ten years are up, you can take the accumulated cash, if you are alive, and go to Florida, Texas, California, or wherever else you may wish to go, and with spot cash you can buy more and better land than any of the ten-year installment offerings. A good way to save the money would be to take a ten-year endowment policy in some good insurance company, which would include insurance protection at the same time.

* * *

I still get an occasional inquiry about some collection agency. I have examined the contracts sent out by a great many collection concerns, and I have never seen one that was not more or less restrictiv; and it is surprising that such concerns should disregard the motto: "Honesty is the best policy." For example, see Nov. WORLD, 1909, page 467, near bottom of second column, and also the following:

WEST MIDDLESEX, PA., June 11, 1910.

C. F. TAYLOR, M.D.; DEAR DOCTOR:—In the latter part of 1908 I gave thirty accounts to the United States Federal Adjusters of Washington, D. C., for collection. The result was that two claims were paid to me and I promptly remitted their commission to them.

Later I discovered that three claims had been paid to them and they had not mentioned the fact to me. On making inquiry, they informed me that they had received the money due on those three claims, but they did not send my share along with the information, nor since. I have not been able to get an answer to any of my communications to them since. If the knowledge of these facts will be of any service to the WORLD family, give it to them. Yours fraternally,

B. L. TINKER, M.D.

Since I showed doctors how they can do their own collecting, just like the agencies do it (see Business Talks in WORLDS for last December and January), I cannot feel sorry for any doctor who disregards said instruction and puts his accounts into the hands of a collection agency.

EDITOR MEDICAL WORLD:—I cannot practise without THE WORLD. The sample letters in regard to collecting have been of inestimable advantage to me—worth many, many times the price of THE WORLD. Keep up your Business Talks to Doctors; they contain the concentrated extract of Good Sense. Fraternally, E. P. GOULD.

Chattanooga, Tenn.

Perhaps you would enjoy seeing the following letter. If so, all right. Notice that the Doctor goes a little farther in simplified spelling than we do:

Preachers as Business Men.

I knew an able one, but his flock was not able to pay him a sufficient salary, so he went west, afterwards returning as the agent—so some thot—of the railroads, or real estate men, and lectured on the glorious advantages of Dakota. About thirty of my families, having great confidence in the business ability of their loved pastor, puld up and went west. I do not remember one that was not sorry. Afterward he went to California and was soon secretary of an oil co., and also of a mining co. Those of his brethren who had not gone west were invited to invest, under the watchful eye of, etc., and some did. That they ever realized a dollar I have not heard, as they ar reticent.

However, he was not a D.D., and so perhaps not adequately a representativ preacher. I knew a real, live D.D., commanding a large salary, who was leader in defending a brother preacher from sundry charges of unministerial conduct, which I think were tru bills, as I treated him for a very bad gonorrhea, and he succeeded in clearing him. That he had ability was demonstrated soon after. He was called to a neighboring town as a revivalist, and was moderately successful. A member of the choir told me that one evening

Digitized by Google

he was present, and the D.D. insisted that every one in the house bow his or her respectiv head. But this irreverent singer confest that he peeked. When the heads wer all down he asked those hungering for salvation to raise their hands, and he, the D.D., counted, "One, two," up to 37.

"But," said the y.m. "not a hand was raised." I accused him of lying, but he hoped to die if he lied. Not long after, he went into the Hair Restorer business, as a side line, and using his sacred office, switched the business to himself and scooped his partner. So it was unqualifiedly stated as a news item in a big daily.

Since that I saw his name, along with others, including another big preacher who had been widely advertised in some woman complication, as a director in a Down East scheme to boom some desert air. Undoubtedly good bait, but how many knowing these facts, would bite?

I heard a popular pastor say in his morning sermon that, "The Bible is full of contradictions and inconsistencies!" So it was not strange that soon afterward he blossomed as secretary of a Kentucky oil co., and the "widow women" invested all their small change, and some widowmen did likewise, and of course, they all lost except the Secretary! This is not a screed against the clergy; they ar the best men on earth, but not reliable business men, as a class.

Collection Agencies.

The very best collection agencies ar U & I—that is, we can collect better than any other agents on earth, if we set ourselves about it, and go at it in a sensibl, business like way. I do not mean that a monthly statement of acct. sent promptly every month wil collect the coin, for men ar widely diverse in their makeup, ideas and education. Many of them look upon a bil as equivatory—they do not believ that U ar in need of money, having a large practise; or they need it far worse at this particular minute than U do; or they would pay it if U happened to present the bil in person, but it is too much trouble to attend to it.

And, may be, they look upon U as possessed only of mercenary feelings, unwilling to giv a bit more than so much for so much, and caring not a whit for the welfare of the patient. This may be from poor ability as mindreaders, or U may hav been careless in your intercourse with them; or—it may be tru! I think it deplorable that there is not in each college a chair teaching commercial success, even tho medicin is not a trade. And one thing to be insisted is that the physician shal endeavor with all his might to understand from the viewpoint of the patient: shal learn to sympathize with him in his physical affliction, and also with his poverty. How many neglect to pay from sheer inability, and yet they never make a statement as banks ar required by law, yet take it for granted that U know that they ar unabl to pay!

One fact forces me to the belief that U and I take wrong view is that the honest and the dishonest ar very much alike in their delinquency; that is, we tolerate a delinquency in one and call him honest but slow, while the other, doing precisely thus, is counted dishonest. I am persuaded that, like a small farm well tilled, it may be more profitabl to do a smaller practise, and look after collections personally. A better mutual understanding is needed, and when your patron understands the real facts he wil be more likely to pay.

If U ar very busy, send out a statement; repeat it; then if without result, send a heart to heart letter instead of a curt demand for cash. If the man is really honest but lazy, the curt statement, or the lawyer's letter, or the Collection agency's demand may bring the money but U lose a patron, and all that he can influence, when a reasoning, polite letter, and that failing, a personal interview, might collect.

I se, more and more, the need of patience with our patients. But se, also, the need of following up the failure of these means with such action as wil cause them to respect us, and, many times, to pay. This action is placing the bil in the hands of an attorney, and then perhaps, after his failure, in the hands of the Collection Agency, provided an honest one can be found, and I think one can. That most of them ar mere sharpers is probably tru, but what made them so? Ar all their patrons honest? A physician showed me a new neat littl knife and stated that that was the seventh, as the others had been borrowed and not returned! Ar all physicians honest? Do they all pay their $1 subscription for THE MEDICAL WORLD?

I would trust no Collection Agency not willing to chance it on a fifty per cent. basis, and paying their own expenses. They know, well, that now and then they wil get an acct. that U could hav collected had U gon after it; also, that now and then one of long standing wil pay. Yesterday a woman came and paid an eighteen year forgotten bill, voluntarily. Then there ar animals that can be frightened into doing, by unusual means.

We need more kindness displayed in practise, and to collect on a commercial basis! Which must be preceded by an education of our patrons. "The poorer the Indian the more dogs," and they need to be convinced that the keeper of one or more dogs, two or three cats, the user of cigars and tobacco, to say nothing of beer, is financially abl to pay his doctor.

Poor men should be taught that tho at present unabl to pay, pay should be expected at some subsequent time, the a/c meanwhile drawing interest in the form of a note, same as if he had bought a house on time. These notes should be renewed from time to time, and interest collected.

Port Huron, Mich. A. F. RANDALL

EDITOR MEDICAL WORLD:—In the Business Talks, give us something more on the taking of securities for money loaned, on land or real estate, outside of the mortgage. Are there not other papers just as good that would not have to be recorded? What is bond for title? We doctors are miserably poor business men as a rule. W. W. STEVENSON.

Roanoke, Ala.

Legal forms and requirements differ more or less in different states. Consult a lawyer about legal papers.

Building and Loan Associations.

EDITOR MEDICAL WORLD:—I have been a reader of THE WORLD for some time and appreciate much that I find in it, especially the Business Talks to Doctors. I do not agree with you at all on politics and only partially on religion. Many of the contributions on medical subjects have

Digitized by Google

been helpful to me; others seem to have a tendency to relieve the contributor of a rather superabundance of egotism than to benefit the family generally. However, I have no quarrel with you for any opinion you may hold contrary to mine, nor with any of the brethren for what they may deem of benefit. An exchange of opinions broadens the mind; and he who has no respect for ideas other than his own is of small caliber and entitled to but little consideration for his own opinions.

What I wish to contribute is in regard to a method of investment which I have found very satisfactory, and which I have never seen mentioned by yourself or any of the brethren. Out here in Nebraska we have numerous building and loan associations conducted under our state banking laws, and so far as my experience goes, are perfectly safe. Since 1888 I have been saving a little by taking out B. & L. stock and paying monthly payments until the stock matured. We pay a membership fee of $1 per share of $100 stock, then pay 60 cents per month until principal and interest (which is compounded quarterly) matures the share. I have matured and drawn out about $5,000 in this way since '88, and now have $2,000 or 20 shares running. Have never lost a penny in them, and if I were to get in a pinch and needed my money I could get the principal any time by giving 30 days' notice. If payments have been made three or more years a small rate of interest will be made on money withdrawn.

To carry $2,000 requires $12 per month and takes about 9 years to mature. Two years ago I matured 20 shares; had paid in $1,296 and drew out $2,054. So the rate of interest was about 10 per cent. It usually pays from 8 per cent. to 10 per cent. I could explain how they can do this, as I was once president of a local B. & L. concern, but the explanation, to be comprehensiv, would be lengthy, and I trust the brethren will take my word for it that it can "be did." I have no connection now with any company except as a depositor, and have no other desire or object than to assist some who have but little to lay by to do so in a manner that will be perfectly safe and yield a *good* profit. A person can pay in just as fast as he chooses, and of course the faster he pays in the quicker his shares mature. For instance, I took out my last 20 shares a year ago last April, and have already paid in $432. I expect to mature this "bunch" in from three to five years and start again.

I have tried some of the *big interest* investments, but the other fellow always got the big interest. I have no doubt there are building and loan associations in most every state. By sending a little money to them every month we poor devils who never have but a few dollars at a time are surprised, after a few years, to find ourselves in possession of a few thousands; and Gee! boys, it makes a fellow feel bully.

Any questions gladly answered. Fraternally,
Silver Creek, Neb. W. C. ROBINSON.

It now seems strange to me that this subject has not been brought forward before. Philadelphia is the home of building and loan associations, and many a workingman in this "city of homes" has been enabled to secure a home by means of these associations. They are still running here, tho, of course, in a quiet way, and it is very seldom indeed that there has been anything crooked, or any losses, in these associations. I would have mentioned them before, but I thought that they were local chiefly to this place—I am surprised to learn that they have gotten as far as Nebraska. I am very glad to present Dr. Robinson's letter, and I hope we will have more on this subject. This seems to be the ideal method of preserving the doctor's slowly accumulating savings, safe and with good interest all the time. If there are any building and loan associations in your vicinity, look into them without delay. I also thought that these associations were indigenous to cities, and mostly to *large* cities, like Philadelphia, but Silver Creek, Neb., is certainly not a large city. I know of a building and loan association in New York City which has Philadelphia members, and they remit by check every month. Then why should not such an association not have members everywhere? We must find out more about this ideal method of taking care of the savings of "small investors," and see if the advantages cannot be opened up to doctors everywhere. How much better the above would be than investments in concerns "made to bust," the money going into rascals' pockets, never to return to its rightful owner.

The Physicians' Business Journal.

The July number (Vol. 1, No. 1) of this journal is before me. It is edited by Dr. P. B. Thatcher, 310 Bulletin Building, Philadelphia. It is publisht monthly, at $1 per year; single copies 10 cents. Possibly a sample might be sent free; but you will always feel better by paying for all you get. It is a bright and attractiv journal, entirely worthy of your squandering 10 cents or $1 on. On page 2 is this paragraf:

> When the public comes to know that the number of persons receiving medical charity is twenty-five times greater than those receiving general charity, favorable assistance will be forthcoming to solve the existing problems in medical economics.

Here is an article on pages 8-9 that every doctor ought to read. It is like some of the articles that appeared in WORLD pages several years ago, and we would like to have more of them:

The Mt. Carmel Medical Society.

By J. I. Kiefer, M.D., Secretary.

Four years ago, the physicians of Mt. Carmel, Pennsylvania, organized for their mutual bene-

Digitized by Google

fit and protection under the name of "The Mt. Carmel Medical Society."

Any physician having a state license to practise medicin and surgery in Pennsylvania, and resident in Mt. Carmel or its immediate vicinity, may become an activ member of this society.

The society holds its meetings monthly, namely, in the evening of the second Tuesday of the month, usually at the home of one of its members, whose guest the society is for that night.

Besides the routine business necessary in all organized bodies to maintain the organization, some member reads a formal paper or essay on some medical topic, such essayist being appointed by the president at least one month before the time of the presentation of the paper.

A discussion of the paper follows its reading, and every member is encouraged to participate in the discussion.

Under another head of business, members are given an opportunity to report cases before the society. Matters relating to the business side of the practise of medicin also receive due attention.

"Dead Beats" are reported and discussed. Illegal practitioners and "Quacks" are looked after, and "persuaded" that Mt. Carmel is not for them a proper place in which to live.

A minimum Fee Bill was adopted and is lived up to by the members.

From the very beginning of our society the social side of man has been catered to. Thru custom, it has become almost a law (tho an unwritten one) that refreshments are served at every meeting. These vary from a simple luncheon to an elaborate banquet.

We believe that the success of our local society is due in a large measure to this cultivation of the social feature.

The medical man is very apt to misjudge his brother practitioner if he knows him from the professional side only.

whom we judged to be cold, dignified, and formal, when we meet a brother physician at the bedside of a patient. We are apt to misjudge and in turn be misjudged. We have seen one side only of our brother and he has seen only one side of us.

But at the festiv board men relax; and he whom we judged to be cold, dignified, and formal, we now find warm, congenial, and sympathetic, while he whom we admired for his great intellect, we now love for his warm sensibility.

After four years of experience I am certain that members of this society are unanimous in the sentiment that the society has been of inestimable value to all the physicians, and the interest in the meetings is unabated.

While as a matter of course, some members are absent at some of the meetings, it is not a rare occurrence to have every member present. At the January meeting all the activ members and two of the three honorary members were present; and at the March meeting all the activ members were present save one, who was at the time a patient in a Philadelphia hospital having just been initiated into Dr. Deaver's Appendicitis Club.

We pride ourselves on the fact we have been able to keep up the interests in our society for four years and attribute our success largely to three factors:

First.—Cultivating a sentiment that the Golden Rule is the best Code of Ethics.

Second.—That at every meeting a subject of interest to the physician must be discust.

Third.—Recognizing the fact man is a social being, we make the social feature a prominent one.

On page 14 is a good article taken from the *W. Va. Medical Journal.* It will interest particularly those who are bothered with dead beats. However, if you use faithfully the collection letters that were suggested chiefly in THE WORLD for last December and January, you will not be bothered much with dead beats. The letters will either bring them to time or prove to you that they are dead beats, and then if you allow yourself to be bothered with them any further it is your own fault. Here is the article referred to:

Diagnosing the Dead Beat.

Would it not be delightful, asks E. S. McKee, in the *American Medical Compend,* if we had tests to tell this evil as we have for blood, sputum, urin, feces and so forth? Dead beat is an Americanism, and like a great many of them is very expressiv. A dead beat is one who never pays, tho often quite able to do so. He lives by evasions and is an utterly dishonest fellow. Dead here intensifies the meaning of the word beat. One who is badly beat is spoken of as beat all to sticks. Beats who are very expert are described as, would beat Cæsar himself. Shakespeare tells us "Beat not the bones of the dead." A dead beat in saloon parlance is said to mean a compound of ginger, soda, and whiskey, while in newspaper lingo it has quite a different meaning. The world is the dead beat's country and the inhabitants thereof his meat. Shakespeare seems to have had some advanced ideas on asepsis, for he says, "I'll beat thee but I should infect my hands." A daisy beat is the euphonious name applied to a swindler of the first water. The medical profession is the peculiar prey of this gentry. Speaking generally, colored people, prostitutes, and gamblers are good pay only when they pay cash, tho I have seen markt exceptions in each of these classes. People who hold unimproved Seattle real estate, undeveloped mining stock, great expectation of inheriting from an old relativ, should be lookt upon with suspicion. Inhabitants of Continental Europe will probably pay a small bill promptly when they first come over, but in time will learn the trick of their dead beat neighbors. The second generation will dress better and pay worse. The physiognomy of the dead beat is somewhat characteristic, though not pathognomic. He has a bold hail fellow well met indifferent air of effrontery. First lead him on to a recital of his former medical attendants, their mistakes and failures, then when you get home call them up and find how much they are out. I have often saved myself more chagrin by following this method.

A patient who shows an utter lack of consideration for the doctor and other patients should be regarded with suspicion. One who carefully counts and when possible saves the doctor's visits, intends to pay for the same, though he may

Digitized by Google

want them at a reduced rate. Morphin and cocain fiends usually lose all honor and of course with the rest a willingness or desire to pay the doctor. They can be put down generally as sure to beat you if you trust them. The man who owes you and is able to pay you but will not is seldom your friend, but usually your enemy. He will try to ease his conscience, if any, by making himself and his acquaintances believe that you have done him harm instead of good, and that you do not deserve your money. Doctors ought to post each other as to dead beats. If a doctor has been badly swindled by one of these wretches he should by all means let his neighbors know, so that they might protect themselves. Things are not always what they seem, and one may be mistaken in his diagnosis of the dead beat ante-mortem as easily as that of any other disease. We sometimes get a respectable fee where we least expected it, and likewise lose one where we least expected. The diagnosis of the dead beat is a scientific and necessary part of medicin. Let the doctor learn to diagnose the dead beat and avoid him. Put his time and money to better use; watch the business side of medicin more carefully, accumulate a little surplus so that, along in the fifties or sixties, as he thinks best, he may be able to take life more easily, and in a different sense, than he did in his early practise.

A vine-clad home on a quiet street,
An easy chair and slippered feet,
With wife of youth, and plenty to eat,
And never a thought for the darned
dead beat.

Figures Which Would Delight King George III.

The following table is taken from an article on "The Sane Fourth," in *Journal of the A. M. A.*:

BATTLES. Killed and Wounded.		CELEBRATIONS. Killed and Wounded.	
Lexington	83	July 4, 1903	4,449
Bunker Hill	449	July 4, 1904	4,169
Ft. Moultrie	37	July 4, 1905	5,176
White Plains	100	July 4, 1906	5,446
Ft. Washington	149	July 4, 1907	4,413
Monmouth	229	July 4, 1908	5,623
Cowpens	72	July 4, 1909	5,307
	1,119		34,603

If old King George III could rise from his grave and see the above figures, he might say something like this: "You rebels! You are getting your just desserts, and from your own hands. A just dispensation of Providence!"

The internal use of potassium chlorate is no longer recommended by authorities on therapeutics, and it is recognized as one of the most toxic of the potassium salts, causing methemoglobinemia, depression of the nervous system, and degeneration of the kidneys if given in any but moderate doses. Its use by the laity should be discouraged, and if prescribed at all for internal use, great caution should be observed on account of its toxic character. As a local application in stomatitis and sore throat, potassium chlorate is sometimes used, altho it is a very feeble antiseptic. It has also been recommended in chronic dysentery and in hemorrhoids applied by injections or enemata.—*Jour. A. M. A.*

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Volvulus, With Report of a Case.

EDITOR MEDICAL WORLD:—It is not my intention to go deeply into the etiology, pathology, symptomatology, diagnosis, and treatment of this condition. That can be done at leisure and with more satisfaction than if I were to attempt to do it here. I will simply describe a case as it came into my office, and give a brief outline of treatment and results.

On June 15th, at 10.30 p. m., J. P., a Greek section laborer, age 25, 5 feet 5 inches tall, weight 150 pounds, walkt into the office evidently in great pain, being doubled up with hands to his belly and beads of perspiration standing out on his face and neck. He could not talk English; but thru an interpreter I found that he was taken ill very suddenly about two hours previous with sharp, stabbing, tearing pains shooting about thru his belly, followed by vomiting and prostration. His bowels had always been regular, operating once daily and sometimes twice, and this day was no exception, as they had moved well during the noon hour.

As far as could be learned then, and later, his previous history was negativ, never before having had a physician. He had had no chill, his temperature was 99 degrees and pulse 100 full and strong. *Inspection* showed a well-nourisht muscular man; he lay with his knees drawn up, and had a pincht look on his face, and as stated before, he was bathed in perspiration, pupils dilated, and groaning piteously. *Palpation* revealed a tense belly wall with markt tumor just to right of and a little below the umbilicus, about the size of a door knob. It was hard, slightly movable, and very tender to pressure and manipulation. On *oscultation* with manipulation an

Digitized by Google

intermittent gurgling, whistling sound was elicited, plain at margins of tumor, but audible for a distance of several inches in all directions.

A diagnosis of intestinal obstruction was made, whether due to intussucception, volvulus, or Meckel's diverticulum we did not know. He was prepared for operation, and with the assistance of Dr. Havens, who saw the case with me from the first, I opened him up over the site of the tumor at 11.15 p. m.

A volvulus was found in the ileum about 14 inches from the ileocecal valve, which consisted of a loop of intestin tightly wrapt about a knuckle which it had engaged. This ruff sketch will convey an

Knuckle, Covered by Mesentery

impression of the condition as met. The knuckle was, of course, covered with mesentery, and with a little gentle manipulation, pushing more than pulling, it was disengaged without injury to the structures. and the knot resolved instantly. The vessels were pretty well injected, but no severe inflammation in the nature of a plastic peritonitis was encountered; the appendix was normal and unaffected, and on account of the patient's condition we thought better to leave it alone until some future time.

Three rows of catgut sutures were put in the belly wall, and the man put to bed. He was delirious all night, and the next morning had a severe cough, heavy mucous râles all over his chest, with temperature of 103.6; still delirious. We packt his chest in ice, put hot-water bags to his feet, gave him stimulating expectorants, and that evening he was much improved, temperature 99 degrees and cough very loose; was given 2 c.c. pills. Slept well most all night.

The next morning, second day in hospital, he said he felt fine, still a little cough, which gave him pains in the belly; temperature normal; and two good bowel movements; no blood. That night, forty-eight hours after his operation, he got out of bed and walkt to toilet without any one knowing it (we learned this the next day from the other patients in the ward), and apparently suffered no ill effects.

On the fourth day he was drest and walking about, with no pain or fever; his appetite had been very good after the first day. On the fifth day he insisted on going home among his friends; and after inspecting his wound, which had healed perfectly, and strapping him well with adhesiv plaster across his belly, I let him go. He walkt down the sixty-five steps alone, and the next day, June 23d, the sixth day after his operation, I saw him walking down the track carrying a pail of water in one hand and a crowbar in the other. I have seen him but once since then. The wound is tight, his bowels have been loose from the effects of a Hinkle pill taken nightly, and he says he feels as good as he ever did.

The fact that the condition was such that without operativ interference, distention strangulation, gangrene, and death would in all probability have ensued, leads me to urge an early explorating incision in all cases presenting similar features, as the earlier the condition is removed the quicker will be the convalescence.

There is nothing wonderful about this case except the rapid recovery. Volvulus is a rarity, and this is the reason which prompted my reporting it.

ALEXANDER BARCLAY, M.D.

Cloquet, Minn.

Massage in the Treatment of Chronic Headache.

EDITOR MEDICAL WORLD:—For many years past several leading Swedish physicians have made extensiv use of massage in the treatment and radical cure of extra-cranial headaches. Berghman and Henschen have written extensivly on the subject, and a few years ago Dr. Gustaf Norström publisht a valuable work (translated into English) on mechanical treatment

Digitized by Google

headaches. These publications have been very well received by prominent neurologists, and the celebrated Dr. Edinger, of Frankfort, writes in *Deutsche Klinik:* "Formerly I did not cure any patients; it was only when I learned that for the chronic cases there was but one remedy to be considered, namely, *massage*. If I had been familiar earlier with the works of the Swedes, Prof. Henschen, Helleday and Norström, I would have been of greater use to my patients."

By careful clinical observations it has been proven that a great number of chronic headaches are caused by myositic deposits in the neck, generally in the nape, but frequently also in the respectiv anatomical extremes of the neck. With a little practise it becomes very easy to locate these myositic deposits, as they are clearly distinguisht from ganglia or glands by the fact that they are movable only with the particular muscle of which they form a part. It may be well to mention how common these deposits are in other parts of the body; we often find them in the thoracic region, often causing "angina pectoris" and "pleurisy"; we find them near to and pressing on the sciatic nerve; again they are the cause of lumbago. In the neck we find most of them in and underneath the trapezius, in the supraspinatus and in the scaleni. We find invariably a history of rheumatism or gout, and we also find that previous to the attack the patient has been exposed to draft or to a radical change of temperature.

In every case of this kind the eyes should, of course, be carefully examined before starting any course of treatment; and it is well to bear in mind that the massage will no doubt cure the deposits existing, but we must locate the origin of the trouble; in other words, the abdominal organs should be examined, and whatever treatment seems necessary—medicinal or mechanical—should be resorted to, so as to prevent recurrent attacks.

Without trying to enter into any special effort of diagnosis, it may be well to mention that in most every case of this kind the colon is found to be more or less clogged with fecal accumulations; the liver is most frequently congested.

When the patient has an attack of some severity, the deposits are very much congested and extremely painful upon pressure. When the patient tells me he has unilateral headache, I always beg of him not to tell me which side is affected, but to let me find out for myself by palpation. By correctly stating which side is the painful one the patient's confidence is won. The ache is *always* on the corresponding side where the deposits are located. In bilateral headache the pain will generally "finish up," as the patients style it, in the other side of the head.

The treatment is general and local. The careful physician writes his prescription for massage of the abdomen or of the colon or of the liver, whatever the conditions present may indicate, and he also often localizes the principal deposits, and on a chart marks their location. Very often the masseur is instructed to use as an oil for the massage methyl salicylate petrogen, which saves the patient a great deal of pain and always hastens recovery.

The patient is sitting upright with his back comfortably supported, and the operator stands behind him. The first two treatments should consist only of downward strokings with both hands from the base of the skull out to the acromion processes. This is to relieve the intense cerebral and local congestion, and the treatment should last only fifteen minutes. On the third day we begin to reach the deposits individually, and by firm pressure with the thumb and fingers we aim to break them up and scatter them as small particles, that they may be absorbed by the general circulation. This is painful treatment, and naturally the patient suffers severe bruise-pains; it is therefore necessary to fully explain to him that the next day's treatment will relieve these pains, otherwise he is very apt to stay away for a day or two, pleading that his neck was too sore to be toucht. After the sixth day there is seldom any serious complaint, tho, of course, it should be stated that the treatment is anything but pleasant. While we are breaking up the deposits we work twenty minutes each day. In the great number of cases that I have treated, fifteen treatments seem to be the average number necessary, but I have given as high as fifty-six, and in two most remarkable cases I had practically complete cure after the *first* seance. This latter I can only explain by the fact that some adhesion that caused pressure on a nerve-branch was broken loose. Recurrent attacks have been very rare with me, as I believe from the fact that I always try to find out and to overcome the primary cause of the deposits, and also try to guide the patient into the right kind

Digitized by Google

of living—that is, in regard to exercise, diet, bathing, etc. After all, elimination and nutrition are the two cardinal points in any form of treatment.

A supraorbital headache is very often entirely local, i. e., not necessarily caused by any reflex from the neck, but we often find a swelling over the nerves at or near the foramen supraorbitale, and the nerves themselves extremely tender and thickened, sometimes even showing a ridge externally over the nerve-tract. We first empty the vein by strokings and thereby relieve tension; we stroke from the temples toward the nose (Kleen), and when we find other nerves of the head, as facialis or occipitalis, tender on palpation, we must extend our manipulations even to them, and when the scalp feels hard or leathery we must treat it carefully all over with firm friction with the tips of the fingers, or even the palm of the hand.

An hour's rest in a recumbent position in a darkened room is always insisted upon after each seance, and the patient always reacts quicker to the work by having his treatments in the earlier part of the day.

Fascinating as it is in general to relieve pain with the hands, nothing has been of more comfort and satisfaction to me professionally in my many years of hard mechanical work than the many cures of chronic headaches obtained by massage as here outlined.

KURRE W. OSTROM.
112 N. 16th St., Philadelphia.

What Should Constitute a Cure for Consumption?

EDITOR MEDICAL WORLD:—Until recently tuberculosis has been considered an incurable disease. So firmly has this idea been fixt in the minds of physicians, and thru them, just as firmly fixt in the minds of the laity, that there has come to be a feeling that those who claimed to cure tuberculosis must make such a claim for the sake of making money, and that such a claim must be made fraudulently, and the maker, dishonest. All this is changing quite rapidly, and now we see some of the foremost men in the country claiming that consumption can be cured, especially in the first stage. Now, the question arises as to what constitutes a cure for consumption, and how shall it be brought about? Every little while some one leaves a large sum of money to be given to any one who can succeed in curing consumption, but up to this time very little has been said as to what constitutes a cure for that disease. The effort on the part of physicians so far has been to bring about encapsulations, or a covering over, of the diseased areas with a deposit of lime salts. This object has been sought by building up the system thru forced diet and fresh air, so as to enable Nature to throw out lymph enuf to surround the diseased areas with encapsulations that should be so firm that they would not break down under any circumstances. Those of us who practised medicin for a good many years in the East will remember cases that changed climate, lived an outdoor life, etc., and seemed to be cured and made well; but on their return to their own homes, and especially if taken with a disease that induced temperature, a relapse occurred, which was usually rapid in its course to a fatal issue. In making post-mortem examinations of these cases, we found encysted nodules, and when these were cut into, caseous matter was found. Undoubtedly, in the case of those nodules that were broken down after the return of the patient to the low altitude, we find the cause of the rapid spread of the disease thru the lungs. After Koch discovered the bacilli, it was more easily understood what had happened to these patients who had seemed to be cured. The disease germs were included in these encapsulations, and were all ready to begin their work as soon as the encapsulation wall broke down. If those patients had remained in a high altitude and dry air, the encapsulations might have remained intact. These people and their physicians thought they were cured, but they were not well, and the question arises very easily and naturally, does encapsulating the diseased areas cure the disease? It is no doubt true that cases of tuberculosis have been spontaneously cured, and a great many cases have been cured by forced diet and outdoor life, so that good, healthy scars have formed, and the disease has been eradicated from the system. These cases have been able to live in a low altitude without any danger of a return of the disease. In such a case as that, may we not say that the disease was cured? But where the disease is simply encapsulated or covered over, it seems idle to say that it has been cured at all. And where one case has been cured by the formation of a scar, thousands of the encapsulated cases have died. If a patient has typhoid fever and undergoes proper aseptic treatment, the disease is entirely cured, and there is no reason to feel that any sign of

Digitized by Google

it is left. So with tuberculosis: if the disease is cured so there is no germ left in the system, so there are no encapsulations, so there are good, healthy scars, so the vesicular murmur is perfect thru all the lung structure left, why are they not as perfectly cured as are those cases of typhoid fever? If this is true, and we believe it is, it seems also true that the efforts now made to cure the disease by injecting tuberculin, or by any other method of that sort, or by forcing Nature to encapsulate the diseased areas, are altogether wrong. It is claimed by those who are experimenting with tuberculin, that the leucocytes have been so reduced from some cause that they are not able to destroy the bacilli when they are found in the system. Others claim they are not able to destroy the bacilli because the bacilli very soon cover themselves with a little waxy coating that makes them impervious to the action of the leucocytes. In thinking about this matter, it seems that if the leucocytes could not have destroyed the bacilli when they first entered the system, that it would be useless to try to increase their number to such an extent that they could destroy the bacilli after they had invaded the lungs, and large areas of the lung tissue had become diseased. If the blood has become impoverished and weak, or, if for any other reason it cannot get rid of these little germs, and the leucocytes are not able to destroy them, how should we expect to change the blood by any hypodermic method to such an extent as to make it so pure and perfect again that the bacilli cannot live in it or in any part of the system?

A cure for consumption certainly means that the system is absolutely free, not only from the tubercle bacilli, but from streptoccocci and staphylococci, or any other abnormal bacteria. Manifestly, a cure for consumption could not include all stages of the disease, for by no means can we ever expect to restore the lung tissue that has been destroyed. All we can hope to do is to save all the lung tissue that remains in the system when treatment begins, and to make it normal and healthy again as before it became diseased. It seems that a cure for tuberculosis ought to include an absolute healing of all the lung tissue left when a patient beginning treatment can show a normal vital capacity on the spirometer of 50 per cent. A good many physicians scattered all over the country are now striving to find some means of cure that will capture some of the great prizes that have been offered. Just what will be expected of them is, of course, a question; and a question that should be settled.

W. A. SHEPARD, M.D.

Colorado Springs, Col.

[Strictly speaking, a "cure" of consumption would be such a cure as you detail, *i. e.*, a complete eradication of the disease. However, when a patient ceases to present any evidences of the symptoms by which we make a diagnosis of tuberculosis, and gains in weight, and has a sense of health and well-being, we feel justified in recording a cure. Such a patient probably has encapsulated the colonies of bacilli, but if they remain in the high and dry altitude, what reason has any one to suppose that the "cure" will not be permanent? We think if the time ever comes that any physician can come forward and prove that he can cause encapsulation in every patient presenting himself in the early stage of tuberculosis, that those who have proposed monetary rewards for a "cure" for consumption would not be inclined to withhold the cash even if a condition of the "cure" be an enforced residence in a high and dry altitude for the remainder of the life of such "cured" patient. The autopsy table of the medical schools is a perpetual witness that very many have at one time suffered with tuberculosis and have lived, after encapsulation, a long time, even in a territory of low elevation and moist air, dying of some other disease. Personally, we think such an award ought to be freely granted for what we would call a "symptomatic cure." —ED.]

Do Brunettes Have Typhoid Fever More Severely Than Blondes?

EDITOR MEDICAL WORLD:—I have been noticing that all of my brunette typhoid fever patients have the fever in a worse form than the blondes. I am not aware that this is a general rule, or that any one else has noticed it to be a fact. Kindly publish these lines that I may hear from the profession in regard to the matter.

Fruitland, Md. J. I. T. LONG.

MOSSY HEAD, FLA., August 2, 1910.

DEAR DR. TAYLOR:—Please send me by return mail Senator Bourne's speech (as per offer in August WORLD), and for God's sake keep up your Monthly Talks, as there is nothing that fills me so full of thought as they do. The Talk is the first part that I read when your journal reaches my desk. I always show your Monthly Talk to my wife, and she enjoys reading them as well as I do. Give us more helps on religion.

Yours most respectfully,

DR. S. E. STEPHENS.

Digitized by Google

Hemorrhage from Stomach of New-Born.

EDITOR MEDICAL WORLD:—The history of the father and mother of the case in question is negativ, relativ to any specific or constitutional troubles of any kind. On May 30th I was called at 3 a. m. and found a young woman, 22 years of age, at full term and in labor. I had previously taken care of this patient all during her pregnancy. She was normal in every way, and gave birth to a healthy baby boy, weight 8 pounds, labor being normal, with the exception of a slight tear of the perineum, which was duly repaired. The mother made an uneventful recovery; and the baby, which was perfectly normal in every respect externally, appeared to be perfect in every way until the evening of the second day, when I was hastily called by the nurse, and arrived at the house at 8 p. m., where I found that the baby had vomited up blood in the form of thick, dark clots. Making a hasty examination of the respiratory tract as far as possible, I could ascertain no lesion. I ordered the child kept quiet and stayed with it, and in about an hour it had another hemorrhage of about the same consistency. Diagnosis was made at this time, hemorrhage of the stomach; and the child was given full dose of adrenalin chlorid. During the night he had hemorrhages of the same character about every hour and a half. Called a consultation, and after going into the case fully, believed that the child would die. The consultant was a man of large experience, and said he had seen no case of this kind recover but advised to give the chlorids. Gave bismuth subnitrate in small doses with no result. The baby continued to have hemorrhages. Kept everything out of the stomach except medication. Gave physiological salt solution by rectum. The next morning I changed the treatment to nitrate of silver; gave 10 drops of a 10 per cent. solution in a little water every hour. The child was very anemic and quite weak. Kept up the administration of the physiological salt solution until 4 p. m. the next day. Hemorrhages seemed to occur only at long intervals. I met a young physician, a recent graduate, and related the case in full to him. He suggested the use of diphtheria antitoxin. I could not see where it was indicated, but he said to try it, as he had seen a similar case and had used it with good results. Like a drowning man grasping at a straw. I readily consented and gave 2,000 units subcutaneously, between the scapulae. Returned in six hours and found that the hemorrhages had ceast. I then gave 3,000 units more in the same region. Hemorrhages ceast entirely, but found a little blood in the stools, which soon cleared up. Continued the physiological salt solution with a little whiskey. No nourishment by mouth for two days. The child was extremely anemic and white as marble; cried at intervals; but gradually we have built it up, until now it is a reasonably nice baby and bids fair to make a complete recovery.

I wish any member of the family who has had a like case would give me his experience in treating the same. I have lookt up all the available authors on pediatrics, and find that this condition, known as melena, is extremely rare, and the mortality very high. There is very little treatment given by any of the authorities.

Elgin, Ill. G. F. RUPPERT, M.D.

Obstinate Urticaria.

MEDICAL WORLD:—Referring to pages 321 and 322 of the July WORLD, will say that from a homeopathic standpoint, urtica urens, tinct., one drop in water every two hours, will probably prove of great benefit. Failing in that, arsenicum 3x and apis milifica 3x alternate hours would be my next suggestion. I had one case that resisted everything I could do that was finally cured by drinking large quantities of hop tea. R. S. GREGORY.

Boise, Idaho.

Fees and Living Expenses.

EDITOR MEDICAL WORLD:—Wouldn't miss a single number of THE MEDICAL WORLD. Long live Drs. Taylor and Russell. I have been much interested in the fee schedules sent in by various brother physicians; and how any one can make his salt on such fees as the Meadville Medical Society agreed upon is beyond my comprehension. Said fee bill was publisht in the March WORLD, page 125. A doctor and his family are expected to be the best drest folks in the community; he must live in a very respectable looking house and must be ready to respond liberally to all calls from church and charity. His work demands that he keep a horse or automobile. Everyone agrees that living expenses are continually getting higher, and in order to keep up with expenses our fees should be on the increase instead of diminishing, as they are doing in many localities. Let us get together, thru the pages of THE WORLD, and agree upon

Digitized by Google

a fee schedule which will be more nearly equal and just.

In view of the fact that a properly qualified physician has invested so heavily, and is continually investing, in his education, his office fixtures and apparatus, library, current magazines, and the like, surely $2 for prescribing at the office, $3 for day house visits, and $5 for single night calls, are but fair fees; whereas no ordinary confinement case should be undertaken for less than $25.

If we can't demand just fees such as I have mentioned, we'd better quit the practise and go to work at something with regular hours, no worry, and regular pay.

Lander, Wyo. M. S. ELLIOTT, M.D.

[Very good; but no fee table will fit every community. There are vast differences between a community in Wyoming and a large eastern manufacturing town, or the poor section of a large city. A doctor must adapt himself and his fees to the community in which he lives.—ED.]

"Cold Sores. — Asclepias. — Displaced Vertebrae.— Pneumonia.— Metrorrhagia.— Low Fees."

EDITOR MEDICAL WORLD:—Cold sores, page 200, May, and 244, June: I am positiv Dr. Sapp is mistaken about malarial origin. In a practise of twenty-seven years in Minnesota, where I never saw a case of malaria, I have seen hundreds of cold sores every year. Make one application of carbolic acid, 95 per cent. After one minute wash off the caustic with 95 per cent. alcohol. It is well in two or three days.

Asclepias tuberosa—pleurisy root: Eclectics know it as sedativ, diaphoretic, diuretic, expectorant, and anodyne, from its eliminating action. It has been my dependence for many years in pleurisy, shortly relieving the pain, reducing the inflammation, and eliminating exudate. The specific preparation is to be preferred, 5 to 10 drops every hour or two being sufficient, vs. the dose mentioned on page 253.

Displaced vertebrae, page 246, June: In these latter days we are constantly hearing about "displaced vertebrae," and yet the patient goes about his daily work. Now, which has changed: the teaching of anatomy, or the construction of the spinal column? Of course it is a long time since I listened to our professors elaborating anatomy. Thirty-six years ago they used to show us spines with vertebrae so solidly lockt that they would not "displace" without actual breaking; or if they should be moved, the patient stopt on the spot with legs out of commission. How can those "tendons" along the spine be "displaced" when they are bound and interwoven almost as solidly as the cartilage and bones themselves? I am, no doubt, very ignorant, but every one who has come to me from a D.O. has told me so much about "displaced" economy that it has grown to be a by-word, surely reflecting no great credit on the D.O. May be that in the strenuous latter days of grand projects and rubber plantations, the spine has caught the spirit of progress and grown able to "rubber" into all fantastic shapes. To be sure, a spine can grow into an improper position from necrosis of a bone, but cases referred to are in no such condition. I am a strong believer in Swedish movement, massage, and proper manipulation, but not in the fad of every patient having a "dislocated vertebra."

Pneumonia: Dr. Daniel, page 152, and Dr. Hall, page 153, April WORLD, give excellent articles and treatment on this common disease. During my long practise in Minn. I thought the climate the ideal germinator of this disease, but I also came to feel that it was fortunately very easily handled. My practise has been similar to that described, using Lloyd's specifics when obtainable, starting with 15 drops of aconite in half glass of water, a teaspoonful to be given once in two hours. If there is sharp pain in the side, alternate with bryonia or asclepias. If the pain is dull and continuing, or pulse does not yield to aconite, give veratrum—*it* will bring it down to the proper point and hold it, if given in 2-drop doses once in two hours. If the face is much congested, give belladonna. Ipecac has given best results as an expectorant; 2 drops once in two hours are usually sufficient. For rest, hyoscyamus, gelsemium, soda bromid, and occasionally chloral have been satisfactory; but I should not care to employ the latter thruout the disease, as it would not seem quite safe. In warm weather, with some intestinal complication, turpentine, dioscorea, or salol will be needed. I give cactus and strophanthin to support the heart more than I do digitalis and strychnin. Not all or half of these remedies are to be used at the same time. From two to four are better, *when* they are indicated, and dispenst, one or two drugs in half glass of water, two mixtures being prepared and given alternately. A dose

Digitized by Google

should generally be given every hour, at least thru the day and until improvement is well markt. Some application is usually needed, and it may be dry or moist to suit the condition.

Metrorrhagia, page 194, May: About twenty years ago I gave the silver nitrate a trial in a number of cases of this disorder, endometritis, and kindred uterin troubles. It did not satisfy me, even tho a piece of the stick was left within the organ as suggested by Byford. It may have been fair treatment at that time, but the late Prof. A. L. Clark said of it: "It would seem barbarous were it not that it is quickly envelopt in mucus and becomes powerless for either good or evil." That is exactly what happens, as I have proved, and becoming so it stands little chance of solution and passes away whole. In 1894 it was my fortune to attend the lectures and clinics of Dr. Franklin Martin, in Chicago, where I learned a much better treatment: that of the galvanic current, attaching the positiv pole to a uterin electrode within the uterus. The electrode is much easier introduced than medicin, passing as easily as a small sound. The current ceases to flow, overcomes the flaccidity and inflammation far better than drugs, and often better than the curet. It also destroys infection. I have not found it desirable to abandon it, and agree with Dr. Greiner, page 243, June.

Fees Too Low—page 198, May: I had no idea that any physician was compelled to practise for as low as $55 per month. I am surprised. It is an insult to his knowledge. The day laborer does better. The mechanic does two or three times better. I practised in small towns in Minnesota a few years, and the poorest location paid from $1,800 to $2,400 per year. I simply would not think of attending a confinement for $7.50 and without mileage. That is *horrible*. Sooner would I contribute my services or stay in my office and study, or chore around home. If I were in "Virginia's" place, I would set the fee at $10 and mileage. If they want *you*, they will have you—*not* because you are cheap. Four years ago I came west, stopping in eastern Washington until last year. Doctors were getting $1.50 for asking a few questions and prescribing in their offices. I gave careful examination and charged not less than $2 The patients were better satisfied, and I got as much to do as the others did. Of course I would move to a better location than V. is in, but before I would practise medicin for *such* an amount, I would go to farm work. A doctor simply cannot live on such an income.

DR. N. M. COOK.

Seattle, Wash.

Old Ideas Concerning Malaria, Etc., Are Passing Away.

One of our old subscribers, who clings to old views, writes as follows:

MR. EDITOR:—How any man can imagin for a single moment that the mosquito or the house fly ever carries disease to the human family, passes my comprehension. If such were true, this country would have been depopulated long ago; if, indeed, it ever could have been settled at all. Diseases are not taken into the system thru the unbroken skin, nor thru the food and drink taken into the stomach; but strictly and absolutely thru the lungs via the nasal passages. The sound skin does not, and cannot, absorb disease or noncorrosiv poisons, however much exposed it may be to these deleterious influences. The nature of the human skin is to ward off disease and poisons, instead of imbibing them. The truth of this may be inferred from the following sketch:

During the first seventy years of last century my father conducted a manufacturing plant near Jackson, Tenn., situated in the edge of Forked Deer River bottom. Many persons were employed in this factory, both white and black. All who lived at this factory both day and night suffered with every conceivable form of malarious attacks, from simple chills and fever to hematuria, splenitis, and hepatitis. All of them lookt ill and cadaverous, and all had enlarged spleens and abnormal appetites. Some of these workers, however, left the factory at sundown and went into the town or to other places to sleep at night. These persons all escaped the malaria. There were some others, mostly women and children, who workt in the town during daylight, but came back to the factory to sleep at night. These people all had chills and fevers equally as bad as those who lived at the factory day and night.

Among the many houses erected on this plant for the accommodation of the hands employed there, there was one of three stories. Those who lived on the ground floor had chills and fevers, while those who lived on the first floor above did not have more than half the sickness of those below, and those in the top or third story were comparativly exempt. This proves conclusivly that it is not what we eat and drink, and not any poison absorbed by our bodies, that gives us malaria, but the poisoned and vitiated air we take into our lungs, mostly during the night.

For fifty-five years I have lived and practised medicin near a malarious district and in a malarious country; consequently I have seen and treated every conceivable form of the disease, and have some reason to know whereof I speak. I have studied it in all its phases; and while I do not know, nor does any other man know, what causes it or what it consists of, I do know that it is not anything taken into the stomach nor absorbed by the skin. I know that it is something almost as heavy as the surrounding atmosphere, that it does not rise higher than ten feet above the earth, that it is generated in ponds and marshes, and when covered with water it does

Digitized by Google

not go abroad, but lies dormant until the sun's rays again draw it from its birthplace.

I now live on the east side of the Forked Deer and the Mississippi River bottoms, one-half mile from the former, and ten from the latter. This country is comparativly healthy, and generally free from chills and fevers unless it happens that the wind blows from the west continuously for a week or ten days. When this happens, which it does occasionally, chills and fevers spring up all over the country, as if by magic, and as long as this west wind blows, sickness prevails in the land.

As to the mosquito, he does not pump anything into the human skin, but promptly pumps it out. It has nothing to do with malarial or any other kind of fever, and it is ridiculous to assert that it has.

The house fly does not break the skin at all, but merely sweeps up the effete matter evolved by the emunctories of the human epidermis. While it can't be denied that the fly is a pest, it is a mooted point as to whether he does more good than harm. This house fly is certainly the world's greatest scavenger, and in my opinion does far more good than harm. Eliminate the house fly for only one month, and the accumulation of filth would be overpowering. We cannot get along without Nature's scavengers, from the giant condor and vulture that live a hundred years, to the little mite that dies of old age in an hour.

If this letter meets with your approval, I shall in my next give a dissertation on the hydrophobia antitoxin, or the mad-dog hocus-pocus.

Chestnut Bluff, Tenn. WM. B. YORK.

[Dr. York is 70 years of age, and he clings to the views current during the larger part of his professional life. Those of us who were acquainted with the medical teaching of twenty-five or thirty years ago recognize the above forceful presentation of the same by Dr. York. But much has "been doing" since that time. The mosquito that carries malaria flies only at night. That is the reason that only those who spent the *night* in the infested factory region received the poison. And that is the reason that malaria and "night air" have been associated together for centuries. Perhaps, also, they fly low, and hence do not reach the top floors of high buildings. One of our professors used to teach that "during dry seasons, exposure of the bottoms of ponds by the drying up of the water releases the poison." We now know that the removal of a considerable portion of the water of ponds by evaporation *leaves puddles* in which mosquitoes germinate. The west wind is "unhealthy" to Dr. York's region because it *brings mosquitoes* from the river bottoms. We *know* that malarial infection is transmitted by mosquitoes, by the results of the most positiv and definit experiments. But only one variety of mosquito (as far as is now known) carries the poison, and only by the female of that variety; and the individual mosquito must have been previously infected a certain number of days, in order to permit the development of the germs within the insect's body. These facts are definitly known by the revelations of the microscope. And the microscope has revealed typhoid and other germs on the feet of house flies. They have been "caught in the act" of carrying disease germs on their filthy feet, and distributing them on various kinds of exposed food by crawling over the same The microscope has proven these definit facts; and hence we know that malaria, typhoid, yellow fever, cholera, and some other diseases that might be mentioned, are not caused by poisoned air.—ED.]

Dr. Farish's Valedictory.

The following is the larger portion of an address by Dr. H. G. Farish, of Liverpool, Nova Scotia, before the Nova Scotia Medical Association, at Yarmouth, July 6-7, 1910. Dr. Farish is now 85 years old, having been activ in the profession for 60 years, and also having been a WORLD subscriber since "way back." Judging from personal correspondence, the good doctor must have found the art of growing old gracefully and kindly. He has now fittingly relinquisht the work of the profession to younger hands. We publish these final words of Dr. Farish to his brethren, knowing that they will be of interest to all, young and old, and hoping that they may inspire other brethren "full of honorable years" to speak before they pass away. And we hope that Dr. Farish may be with us many more years and enjoy his deserved rest. We omit the introduction, which has only local application. Then he proceeds as follows:

The first fact which was strongly imprest on my mind, early in my profession, was that I must rely on myself *solely*. The plain and obvious reason was, that I had only one co-worker within a radius of fully 40 miles, where we were called to minister to the ailments of fully eight thousand inhabitants. In nine cases out of ten, if any emergency arose, when I felt that I must have help, I lookt in vain; for in that great extent of country over which we had to travel, it was more than probable that the other doctor was far away in the other direction. It was, therefore, useless to send a message to him. So I was thus forced to become very self-reliant. For instance, to illustrate among many such cases: In my very early practise I was called to amputate. The patient lived 35 miles from any doctor—away in the back woods. The case was rapidly progressing—a sarcoma. She was pregnant six months

Digitized by Google

There was no possible excuse for delay. So I called in two men, near by, and an old nurse. As the disease was in the forearm, I had to amputate above the elbow. At the first grating of the saw, the two men tumbled over in a faint. The nurse and I had to do the work between us. As I could not attend to the after dressings so far away, I had the patient removed, by easy stages, to Liverpool, where all went on successfully. At the full period she was confined. No mishaps. The malignant disease never returned.

This experience of self-reliance gave me a never-to-be-forgotten lesson, that if successful in one case, why not in a similar later case?

In my very early practise, ether and chloroform had only lately been discovered, and were administered in a very cautious manner, fearful of fatal results; consequently in such of my own cases this anesthetic was given with fear and trembling, and in prolonged operations was tabooed. In some cases, intoxication with good old Jamaica rum was substituted, and with not such imperfect results after all.

In after cases where I gave ether more freely and became more confident, operations were mostly done with the help only of the laity, and this compelled me to give the anesthetic till the patient became unconscious. I then assigned the office of administrator to my skilled lay assistant, while I attended to the operativ part of the performance. I selected good, strong-nerved men to assist, who had become reliable thru experience. I was thus able to perform many delicate operations which otherwise would have been impossible.

The primitive treatment in dressing wounds in the continental hospitals was by means of "charpie" or shredded lint. In such cases as amputation, this material was stuft between the flaps, which were then brought together. The result was pus secretion; and if the pus was of a thick, creamy consistence, not sanious, it was called "laudable pus." I witnest this treatment in going my rounds in Hotel Dieu Hospital in Paris. A celebrated surgeon on examining one of his cases (an amputation), when he saw the pus oozing thru the flaps, smiled most complacently, and with lifted hands exclaimed: "Voilà! C'est pus laudable! C'est excellent. Bon! Bon!"

Rapidity in operations was the point sought for in the great hospitals in London. When the celebrated surgeon Lister was in the zenith of his professional career, he gained the esteem of his co-workers in the operativ field by reason of his rapid operations. The students at that time always pulled out their watches, and a hum of approval was heard when this surgeon scored above his fellow surgeons, and he got a higher notch mark thereby.

But it was in obstetrics where the contrast in directing the use of the forceps was most evident between the past and the present. For instance, in Dr. Ramsbotham's voluminous book on "Obstetrics," replete with the finest illustrations, and which was considered *the* text-book when I attended his lectures in London, these are his words, *literatim*, where he gives directions for the use of the forceps: "If the pains are subsiding gradually, or have entirely disappeared, if the strength is failing, the spirits sinking, the countenance becoming anxious, if the pulse be 120 or 130 or 140, the tongue covered with a white slime, or dry, brown or raspy, if there have been two or three rigors, if on pressing on the abdomen there is great tenderness of the uterus, if there be green discharge, or if there be preternatural soreness of the vulva, with heat and tumefaction of the vagina, if the head has been lockt for four hours and has made no progress for six hours, if the patient is vomiting a dark, coffee-ground-like matter, if there be hurried breathing, delirium and coldness of the extremities, we should be acting injudiciously to allow the case to proceed without relief from the use of the forceps."

He stood there in all the dignity of his venerable form, and poured out these words with sledge-hammer emphasis. Is it any wonder that we students were imprest, and the thought overpowered us, "Who then can be saved?" In our after practise, could we do *less* than hesitate to use, as we then considered them, such weapons of destruction? But a few cases convinced me that in his great dread of his students using these "iron hands" too indiscriminately, he had switched to the other extreme and his words of advice soon became as a dead letter. Had I followed his order, if I did not lose my patient outright, she would have been left with a vesico or recto-vaginal fistula for the balance of her life, as no operation for repair of such cases was then performed.

Again, in my earlier days venesection was an every-day occurrence, used in all inflammatory diseases, especially in pneumonia, pleuritis and cerebritis. We often skipt over the bounds of inflammatory conditions, and used it as well in neuralgic ailments.

My patients were largely of the robust sort, a majority being of good old German blood. With these, venesection acted admirably: particularly in pneumonia and pleuritis. The patient was propt up in bed and bled till symptoms of syncope showed up. The pillows were then removed, the color was soon restored, and the symptoms were much alleviated, particularly the dyspnea. If this heroic treatment did not abort the attack, a course of depressant medicins was entered upon and it was very perceptible how soon recovery took place.

It was also customary for the older folk every spring to walk eight or ten miles to the doctor's office to have their annual blood-letting, to "remove them spring feelin's," as they called it; and they would, after being depleted, walk home, much relieved by the operation.

The abdomen was then a sealed cavity.

No surgeon would be brave enuf to perform laparotomy, explorativ or curativ. The name appendicitis was not heard in the land. Typhlitis or perityphlitis was the cognomen. These diseases were treated on general principles. The safeguard for any man's inquisitiveness to see the patient's "insides," except by a post-mortem procedure, was the dread of an action for malpractise, instigated by some person versed in the law.

In pleuritis with serous effusion, or pus formation, which did sometimes occur from delay in treatment in the formation of the disease, I had no aspirator. A common trocar was used, with a rubber tube attacht to the external end, to act as a syphon; or if the fluid did not flow owing to its density, and empyema was suspected, my habit was to introduce the trocar with the rubber attachment, and draw out a few drops by means of an exhaust syringe, just to be sure of

Digitized by Google

my diagnosis. Then an opening was made, with perhaps a section of the rib removed, and drainage was thus effected.

In the cases where we required quick relief from pain, no hypodermic syringe existed then. We relied on morphin or laudanum by the mouth; and here, in our anxiety to relieve, we were often met with toxic effects from an overdose, not knowing (where vomiting was present) how much of the narcotic was retained.

No clinical thermometer was then in existence.

But under all these adverse circumstances, and with restricted knowledge, the country doctor plodded along, hoping for better things. He depended greatly on the pulse, and upon help from his stethoscope. With this instrument he had lung diseases more correctly diagnosed; and with a discerning and sensitiv sense of touch, seeing, and hearing, at command, he was able to differentiate disease with considerable accuracy; but still, many were the cases, especially those located in the abdomen, which had no positiv name. Here we did as best we could. Gradually, with the freer use of anesthetics, and with better "arms of precision," the surgical world was revolutionized. Laparotomy was conducted by the merest tyro. The appendix was a common site for operation. The removal of the kidney, the obstructions in the gall-bladder, stomach, and intestins by the knife, all of these and many more, under rigid aseptic technique, were considered legitimate operations.

In the special surgical department of the eye, ear, nose, and throat, the eye and throat were among the successful operativ regions, but the treatment of the nose and ear was most empirical. Adenoids and enlarged turbinates, curvature and obstructions, are now open to operations, thru the help of cocain, adrenalin and novocain, assisted by electric lighting. Catarrh has thus been more successfully treated by discovering the cause. While the ear, especially the middle cavity, as well as the hitherto lesser known cases of mastoid complications, are now manipulated every day with most wonderful success, these mastoid infections were left untouched, either to extend fatally to the brain, or to remain to give vent to horribly fetid discharges, making life most miserable.

In the medical department, what strides have been made! To mention only a few: The common use now of the serums for the arrest or immunizing of diphtheria, typhoid, tetanus, hydrophobia, carbuncles, etc., etc. Then comes before the profession, stovaine, discovered by Dr. Jonnesco, of Roumania, to be used with strychnin as a tolerant, for spinal anesthesia. The popular belief is that this stovaine is the heaven-sent miracle of the age; that in its spinal injections, all problems of anesthesia have been solved; but so far as it has been tried, the administration of it requires great delicacy of judgment. Any but the most extreme aseptic surgical condition would result in spinal meningitis, which is fatal. Any carelessness in puncturing would lead to permanent paralysis. There is also a constant danger of blood poisoning. All of these difficulties will have to be solved by arbitration of time, before stovaine can be used generally.

And again, may we not hope that in the varied fields of bacteriology a serum may yet be found for the arrest of the bacilli of tuberculosis and cancer?

As adjuncts to the more helpful means of diagnosing pathological conditions, we may now claim the use of the endoscope and x-rays.

And in the great domain of nervous ailments, which hitherto have been the *bête noir* of our profession, may we not look with some favor to the influence of hypnotism and suggestion exemplified in the "Emmanuel movement" for the cure of those susceptible and pitiably nervous creatures whom we all have had a hand in treating—but only with meagre results?

In the field of obstetrics, I could call your attention to the great improvement made by the use of chloroform. But God forbid me from dilating on this gruesome part of our business! In the early portion of my attendance on the four thousand cases in and around Liverpool, I can look upon these sights of agonizing pains and sufferings without chloroform as a veritable hell on earth; but under its calming influence in later years it was a bed of roses.

Before bringing these rambling remarks to a close, I beg to be allowed to advance a suggestion or two. One to apply particularly to the younger members of our noble profession.

It is a common experience that when the younger practitioner hangs out his shingle he must get a pretentious bookcase, and fill it with a large number of professional books, not so much with the idea of the knowledge to be obtained as with the indirect object of impressing the public. This is all wrong, for the simple reason that in a very few years, owing to the great and rapid strides in our profession, these readings become obsolete. Far better to collect a few standard books on the different branches of our profession, and let the balance of cash be devoted to the purchase of monographs and magazines; and thus you would always be reading works which are up to date.

Another suggestion is that men practising especially in a country town should devote a certain period for a post-graduate course, say every three, four, or five years. We thus need our periodic rest to enable us to do more perfect, up-to-date work, thru the knowledge obtained abroad. We must rub shoulder to shoulder with the best in our profession, to keep up with the rapid progress around us; otherwise we fall into ruts, with injury to ourselves, and wrong, perhaps, to our patients.

But you will ask when, amid all these obstructiv conditions existing in a country doctor's life, when he is worn out by long, fatiguing journeys, buffeting the snow-drifts in winter and the driving rains in summer, over rough, hazardous, and lonesome roads—when, I say, has such a doctor time for study? He must keep himself abreast of the times. A man with any spark of ambition would scorn to be classed among the old-school by-gones. He must *force* himself to grasp every fleeting moment. It became, therefore, my duty and my habit to stuff my pockets with professional literature, and, while driving, with pipe in mouth, and with reins over my neck, to open up these periodicals and read with avidity. It was a happy time for me, when, perchance, I was detained at some lonely shanty, some miles from home, to be able to sit beside a smoky lamp, or a tallow candle, and pore over my book or magazine, wherein was contained so much knowledge valuable to me.

These were laborious times; but it is not work

Digitized by Google

as simple work that hurts. We do not mind the strain, if we have a good physique. We can live and thrive under it. It is the galling, grinding responsibility which bows us down, especially when we have none other to bear with us the load. But thanks to God, it is then that courage comes to emancipate us; when, in the hour of peril to our patient, it is then for us not to tremble, not to shrink from the responsibility, not to hesitate, to falter, to stand despairing, but to bring our nervous system into subjection, and to act, and that promptly.

And where is our reward?

To give an answer, I will quote a few lines from Ian Maclaren's inimitable book, "The Doctor of the Old School."

The doctor is talking to his old mare, Jess, in these words, as he is breaking his way thru the snowdrifts:

"It's a coorse nicht, Jess, and heavy traivelin'; can ye see afore ye, lass? for a'm clean confused wi' the snaw; bide a'wee till a' find the diveason o' the roads; it's aboot here, back or forrit. Steady lass, steady, dinna plunge, it's a drift we're in, but ye're no sinking, up noo, there ye are on the road again.

"Eh, it's deep the nicht and hard on us baith; but there's a puir wumman micht dee, if we didna warstle thru.

"Ye're fair dune, Jess, and so a' am masil, we're baith gettin' auld and dinna tak' sae weel wi' the nicht wark. It's been a stiff journey, a'm tired, lass,—a'm tired tae deith."

Here is our reward. We wrestle thru snowbanks, and are urged on with the impulse that if we neglected our duty, a woman might die. Thus we force ourselves thru life, alleviating the pains, the sorrows, the troubles of others; and if not rewarded in this world, may it be our lot to hear that blessed word? "Well done, good and faithful servant, enter thou into the joy of thy Lord."

Thus, when we get thru with every trying individual case, as we meet them in our daily courses, and all is over, we can then

Scatter sunshine all along our way;
Cheer, and bless, and brighten, every passing day.

And as a compensation, we can most heartily rehearse this couplet:

"A little kindly word each day,
How much it helps *us* on our way!"

But the country doctor at last longs to throw off his harness, after the worries and strains of his arduous life—when he would seek to free himself from the engrossments of an activ professional career—when he would desire to have a little of the primeval instincts of our nature—perhaps cultivate a garden with flowers, or engage himself in other congenial, easy work, interspersed with the lovely "Dolce far niente"—the sweet do nothing, which the Italians in their sunny clime revel in. In calm enjoyment he can then recall the memories of long-gone years, and in surroundings hallowed by the touch of early manhood he can live over again a busy and strenuous life, with all its achievements, its partial disappointments, and its good fellowship.

In our country there is a beautiful period called "the Indian summer," days of lovely, balmy weather. May we hope that for all of us, after the busy bustle of summer and early autumn of life, these days of Indian summer may come into our hearts, when, in calm and peace, we can project ourselves into a period of blessing and hallowed hope.

So mote it be.

And now, President and Gentlemen, farewell.

In parting I would say:

Never have more than one trouble at a time.

Some people have three kinds:

All they have had;

All they have now; and

All they expect to have.

But on this occasion throw all your troubles to the wind, and enjoy this recreation right royally, remembering the adage, when you, one and all, return to your homes to take up your cares, that

"'Tis easy enough to be pleasant
When life flows along like a song;
But the man worth while
Is the man who can smile
When everything goes dead wrong."

HENRY G. FARISH.

Peace Between the Old and Young Practicians.

EDITOR MEDICAL WORLD; DEAR SIR AND BROTHER:—I have been reading with a great deal of interest and amusement the various articles and debates between the "Old Fogy" and the youthful embryonic "Ducks" just out of the shell. The peculiar feature of the controversy is that the innocent and not altogether aseptic Kelley-pad is the bone of contention between the two classes of practicians, the "Ducklings" contending that the only safe and sane method of conducting a labor case is by using a Kelley-pad to protect the bed clothing and thereby reducing the liability of infection, the "Old Fogies" maintaining that this is only the theory of inexperienced and egotistical youth.

They are both right in a way, and both have excellent arguments in support of their views, but why criticise so sharply the methods of each other? Why should the young man attempt to criticise the methods of his elders? Does he not know that his knowledge is the direct result of the old man's experience and teachings? And again, why should the old man scoff at the ability of the young man? Is the young man not the image of the old man, molded from the rough clay by the old man's own hands? It is logical to suppose that such is the case: so let us all pull together for the betterment of the medical profession, realizing that the old man has had to dig out for himself the many excellent things which we young men now have but to turn to our library to become familiar with.

Realizing that the old man has fought a hard fight, and has overcome conditions which at the present age we do not have

Digitized by Google

to contend with, let us step into the breech left by him in the sunset of his career, and fight the battle of life, cheering his decline, and trying to emulate him in all things good and wholesome, and thus achieve the grand success which has been his reward.

WILLIAM L. RHODES.

Kansas City, Kan.

Possibly Tetanus Instead of Rabies?

EDITOR MEDICAL WORLD:—Referring to Dr. Geo. A. Morrison's case of hydrophobia, August WORLD, pp. 335-338, I will state in the first place that I have never seen a case of this disease, tho I believe such cases do exist. Dr. Morrison writes a very clear, concise and comprehensiv report of his case, and I have no reason to doubt his sincerity or ability. Yet the symptoms described by him are so typical of tetanus, might it not be a fact that the disease and the dog-bite were merely coincidents? Is it not possible that a later injury may have been received by the patient too insignificant to attract notice, and which might have been the seat of deposit of the fatal tetanus germs?

I have had a few cases of tetanus, all of which have proved fatal, and in one or two of which the injury was very slight and scarcely thought of afterward. Lockjaw was not always present, but the nervousness, malaise, stiffness of neck muscles, difficulty in swallowing, convulsions and death always prevailed. W. C. ROBINSON.

Silver Creek, Neb.

Obstetric Practise Among the Mexicans.

EDITOR MEDICAL WORLD:—I was much interested in reading the article upon "Momberg's Belt," June WORLD, page 266. After locating here I soon learned that the only obstetrical cases to which I would be called were abnormal ones and usually cases that called for instrumental delivery. Of these I have seen several, but at first it was a matter of no small concern to see the midwife—who is always employed—take her bandage (a home knit belt, three inches wide and about eight feet in length), pass it around the waist, then cross it in back and around again, and tie it about the hips, forming a figure of eight. This belt is drawn as tight as it is possible for an old Mexican woman to do. She will roll a ball of cloth and place it over the spinal column under her band. All of these midwives here use the same course of procedure, and I suppose it is universal among them. As results have been very good, I had come to the belief that they had taught me something. I. N. WOODMAN.

Virsylvia, N. Mex.

Do Gases From Certain Manufacturing Establishments Cure Tuberculosis?

EDITOR MEDICAL WORLD:—We often read and hear that the workmen employed in and around the works where coloring pigments are made (subacetate of copper, etc.) are never attackt by tuberculosis, and if they come to the works even far advanced with the disease they are quickly cured by inhaling the germicidal gases with which the atmosphere is filled. Will the members of the family who live in the vicinity of these works let us know the facts in this connection? And if it be true, as stated, some of our progressiv pharmacal companies will soon supply us with tablets which, when properly combined, will generate the desired gases, which our patients can inhale in the back office and be cured while they wait.

Cito et jucunde. F. A. REW.

Waverly, N. Y.

Iris Versicolor for Sick Headache.

DEAR EDITOR:—If Dr. J. H. Pearce, Falkner, Miss. (page 357, Aug. WORLD), will give his sick headache patients small doses of a good tincture of iris versicolor, he will rarely have to resort to anything else. Five drops in a half glass of water, a teaspoonful every half hour, soon rids the patient of that distressing complaint for me. I have used it for over 40 years.

CHAS. CLIFF, M.D.

Blackmountain, N. C.

Mind the Pelvic Curve While Using Forceps

MEDICAL WORLD:—I feel like saying amen to Dr. Pepper's article, page 342, Aug. WORLD, and bow to him as my senior by four years in the good work. He gives us the results of experience, which is *the* teacher; and the last four lines of your reply cover the whole business in a nutshell, as I have learned it.

As I have neglected the post grad., I may be a little of the old fogy, as the later obstetric teachings brought to this city seem to me a little off; for instance, in the hospital I told the intern to apply the forceps. The application was done very nicely, but

Digitized by Google

when he began traction he braced his left hand against the perineum, or rather buttock, altho the head was still in the upper strait, and began pulling with the right hand. I suggested that he use both hands, that he might pull better and guide the forceps to the curve. It was but a moment and his left hand was again braced against the perineum, and the third time as well. Delivery was easy. I askt why he persisted in bracing the perineum. His answer was. the professor had so thoroly impresst upon them the necessity of keeping the left hand upon the perineum for protection, he thought it was the only way to proceed. I informed him he would probably get a case some time in which it would require both hands to do the pulling, and the perineum need only be protected when the danger is at hand.

I was called out to help a brother in which the head would not enter the upper strait, and his forceps would not hold. A surgeon who was the possessor of an auto had arrived ahead of me, but said he was not in it unless it became a Cesarean case. My young brother applied the forceps nicely and began pulling straight forward, or rather up. I said, I would get on my knees and pull down, which he did; when thru the upper strait I said, "Get up and pull forward. Now the head is against the perineum; bring the forceps up over the abdomen," and all was over; when he exclaimed, "Why do they not teach us that way at college?" Overlooking the curve and giving traction incorrectly was the cause of his forceps slipping. Another told me the professor would jump all over you if you applied the male blade first. For my part I would like to see him apply the Wallave forceps to a head high up and then pass the blades ready for locking. These men were all bright young men and would pass with any of the recent graduates. As for me, I still prefer a little of the old fogy.

W. V. M. TAYLOR, M.D.

McKeesport, Pa.

Regarding the discussion on the use of coal tar derivativs in fevers, on pages 245, June, and 346, August, WORLDS, Dr. W. J. McCrary, of Winfield, Ala., writes rather favoring them, thinking that their danger is exaggerated. Particularly does he advocate the use of a 5 gr. dose of acetanilid with nit. pot. three hours before the expected chill in intermittent fever.

Tapeworm.

EDITOR MEDICAL WORLD:—Regarding the case of Dr. Barham, on page 339, August WORLD: It is a case of tapeworm, and what he speaks of as a worm is only a segment of worm. I recently had a similar case and patient finally expelled several feet of it. The following ℞ will fetch it:

Oleoresin aspidii	ʒj
Chloroform	ʒj
Emulsion ricini, q.s. ad.....	ʒiij

M. Sig.—To be taken at a dose after 12 to 18 hours of fasting and a preliminary calomel purge followed by salts.

Goldsboro, N. C. R. B. MILLER.

An Arraignment of the Use of Tobacco.

EDITOR MEDICAL WORLD:—Some years ago, in conversation with an ex-Senator from Illinois, on the subject of cigarettes, he very proudly informed me of the fact that he was instrumental in passing an anti-cigarette law in that State. All during the conversation, however, he was puffing a Havana cigar. I askt him if he had a cigar in his hand while making his speech favoring the bill. He said, "You know, I had never thought of the inconsistency." While reading your able article in the July WORLD on this subject, I wondered if it was possible you had a cigar, or a pipe, or a chew of tobacco in your mouth while writing it. A boy has just as much right to smoke a cigarette as his father has to smoke a pipe or a cigar. As long as men smoke, just that long will boys smoke. To sweeten a stream you must begin at its source. Most men smoke because other men smoke, and it's the same with boys. I once knew a negro porter at a passenger station who was a great lover of tobacco. Give him a cigar when you would, and his reply would be, "Thank you, boss, I will smoke it when the train comes in." How often have you smokt, my brother, when it was a punishment to you? I have been all along there; have "trotted all the gates" with tobacco, and I have punisht myself hundreds of times because the other boys were smoking. I am thankful my eyes have at last been opened. I have learned the evils of tobacco, whether in a chew, cigar, cigarette, or snuff, and I hope to see such a crusade against it as there is to-day against whiskey. Of the two evils, I honestly think tobacco is the greater.

GABRIEL F. THORNHILL, M.D.

Paris, Texas.

Digitized by Google

Conjunctivitis Caused by Electrical Discharges (Trolley Blindness).

EDITOR MEDICAL WORLD:—Pardon me for again obtruding on the subject of "trolley blindness," but in your criticism of my maiden contribution, in August WORLD, page 340, you state that among 20,000 miners you have never seen a case. This condition does exist, and is not to be confused with an ordinary acute conjunctivitis. These cases all occur among motormen and electricians, or those temporarily working under the same conditions. Since writing to you I have had a case which illustrates the condition very forcibly. Patient, age 21, American, Slavish descent, in perfect health, on July 12, 1910, was running a trip of empty mine cars into the mines, and while going down a steep grade his trolley jumped the wire, and in attempting to replace it before he lost control of the trip, he caused a number of very brilliant electrical flashes. This was about 9 o'clock a. m., and about 10 o'clock a. m. he was compelled to quit work, his eyes paining and "watering" so that he could not see. This, by the way, is a much shorter onset than usual, so the time elapsing between the flash and the onset of symptoms seems to vary from 1 to 12 hours or even longer. I saw him about 11 a. m. (And remember that two hours previous to this his eyes were in perfect condition.) He was sitting in a chair with his eyes covered with a wet cloth. He was suffering some pain, but on close examination there was absolutely no evidence that the electric flash had caused any actual burning or direct injury. Lachrymation was quite profuse, his eyelids were swollen so that he could scarcely open them of his own volition, and when he did so the light gave him great pain. His conjunctiva was deeply congested. He was able to be about on the afternoon of the following day, July 13th, and went to work as usual on the 14th. I have twice had our electrician under treatment for the same condition, caused by his working with an electric torch (consisting of two carbons which are brought together at will, after the manner of arc lights), without protecting his eyes with smokt glasses or shields. On both occasions he had to use the torch for so brief a period that he did not think it necessary to protect his eyes. There is not a motorman or electrician employed at these mines that I have not treated one or more times for this complaint, and many of them, if they have a mild attack, do no more than send for some "eye water" and lay off a day. These cases are characteristic in that they occur after exposure of the unprotected eyes to electric flashes close at hand, in their sudden onset with severe symptoms, in their rapid recovery, and the absence of after effects. Conjunctivitis, due to foreign bodies, usually coal or "bony," lodging in the eye, is quite common, but barring these two varieties, I have not observed conjunctivitis to be more common among miners than among other classes. The absence of any actual injury has led me to think that the congestion, edema, etc., may be reflex from retinal irritation, or there may be some substance generated by the electric flash (these cases seem to occur only when the unprotected eyes are close to the flash), which is extremely irritating to the conjunctiva. However, this is mere hypothesis as far as I am concerned, and I mention these theories in the hope that I may be authoritativly enlightened. None of my cases have ever required any other treatment than that mentioned in the August WORLD. I have been told of cases that came on after 24 hours and lasted for a week or more, but have never seen any.

Homer City, Pa. F. F. MOORE, M.D.

Treatment of Obesity.

In April WORLD, page 163, we did an injustice to Miss Susanna Cocroft, of Chicago. We have since examined Miss Cocroft's literature and find that her system of treating obesity is entirely physiological and scientific—not quackish nor injurious. Having made a specialty of this work, and by reason of the fact that she has the faculty of inspiring her women patients to follow her directions—faithfully take the exercises, baths, etc., prescribed—she is usually more successful in this line of work than physicians are. Indeed, she invites the attention of physicians to her work, being certain of their approbation. Miss Cocroft's literature is elevating and inspiring, replacing the indifferent "I can't" of the fat woman with an aspiring determination to do something for herself. This, with the guidance given, results not only in a reduction of superfluous fat, but in vastly improved general health, and also in an improved psychology, and these latter benefits are greater than the mere reduction of fat.

DEAR DR. TAYLOR:—Find inclosed draft for $2. I cannot get along without THE MEDICAL WORLD. Your religion and politics are worth twice the price.
Hardy, Neb. E. D. BEEM.

Digitized by Google

The Treatment of So-Called Rheumatic and Lithemic Conditions with Salicylic Acid Salts, with Special Reference to "A-s-phen" and "A-f-sal."

EDITOR MEDICAL WORLD:—Before referring to the special use of anti-rheumatic and anti-lithemic medicants, one prominent fact must be recognized. This fact consists of the indisputable truth embodied in the assertion that chemistry alone is frequently inadequate to explain the results of the empirical use of those remedies which have thus proven to be invaluable, both for the relief and cure of disease. Chemistry fails to explain why mercury is a specific for syphilis, yet the fact remains, and is well known. To exclusivly rely, therefore, upon chemistry when estimating the value of a remedial agent, is both unscientific and dangerous. It affords opportunity for imposition, both negativly and positivly.

Leonard Hill, in his work entitled Recent Advances in Chemistry and Bio-Chemistry, sets forth certain facts which, if understood by every clinician, would safeguard the profession.

Thus it is stated: "Experiments on any form of energy consists: in observing the interactions between it (energy) and other forms; in studying the nature of the transformer, and of the changes, if any, which occur in it."

"The structure of the cell must hence be taken up from the point of view of its function, and we must study the chemical and physical composition; the effect of the constituents upon one another and upon the medium in which the cell lives [to this point attention is particularly directed]. The nature and action of the 'input' and 'output' of the cell, including its secretions, and how these are produced; the osmotic phenomena and the effects of changes in the surrounding medium; the characteristic accompaniments of stimulation of the cell, and of conduction from part to part, and the effects produced by cells possessing a life in common, as in the multicellular animal (Man)."

"Physical chemistry affords us one (one only) of the most powerful experimental engines in conducting such inquiries, for the reason that the living cell is in structure a complex solution containing both colloids and crystalloids, and that chemical reactions occurring in the cell are reactions in solution. Accordingly, altho the whole matter is profoundly affected by the fact that the cell is alive, it is evident that our knowledge of cellular activities must be based on knowledge of the properties of solutions, both of colloids and crystalloids; of the reactions in solution; the velocity of such reactions; the conditions of equilibrium; of mutual effects of crystalloids and colloids upon one another when in common solution; and of the effect of the living cell as a peculiar energy transformer upon osmosis and diffusion."

Bearing these few fundamental principles in mind, contemplate the significance of an additional quotation: "No drug or other substance can be activ unless it either enters the cell and forms some combination with the protoplasm, or else prevents in some manner association and dissociation of a like type in the case of some other important constituent necessary to normal protoplasmic activity."

The disturbance of metabolism, and of course function, so common to the rheumatic and lithemic "diathesis," are now recognized as the consequences of cellular factors—biologic, as it were, phenomena, underlying a great variety of so-called diseases. Thus, naso-pharyngeal catarrh, aural catarrh, stiffness of the joints and groups of muscles, cutaneous affections of the eczematous type, acute and subacute "rheumatism," articular types of rheumatism, and that polyarthritis affecting the metacarpal and metatarsal joints, and characterized by the development on the dorsal surfaces of round, elevated, painful cyst-like formations, which solidify and deform, all express that perversion of cellular function to which the above allusions refer.

Clinicians know from empiricism, that salicylic acid, in some form or other, constitutes our best means for correcting the above afflictions. We know that this remedy is very prone to so disarrange the gastro-intestinal tract as to frequently render its adequate administration impracticable. We also know that an even supply of nascent salicylic acid to the secretion of the body would exert the most potent therapeutic value. Hence, chemists have endeavored to produce a variety of salts, the chief aim obviously being to maintain the salicylic acid content with the minimum of irritation.

A-s-phen is the name accorded a chem-

Digitized by Google

ical compound, of pharmacopeial standard, in molecular proportions, of acetic acid, salicylic acid, and phenetidin; and A-f-sal, in molecular proportions, of acetic acid, formaldehyde, and salicylic acid. Both, when given in adequate doses, control the larger proportion of rheumatic and lithemic disorders more satisfactorily than any of the pharmacopeial salicylic acid derivativs.

The following illustrativ cases sufficiently indicate the range of usefulness for these two salicylic acid salts, which, when undergoing disintegration within the human economy, by reason of the cellular actions above briefly outlined, do not liberate toxic principles that depress the circulatory and respiratory functions, neither do they seriously impair the functions of the erythrocytes. They are, therefore, comparativly perfectly safe and unquestionably possess the power to control the types of diseases under consideration.

Dr. L. W. F.—Consulted me for impaired health. His veins were preternaturally distended, cardiac action rapid, intermittent, and irregular, assimilation poor, and loss of weight pronounced. Short of breath on exertion, and weak. Fingers knotted and deformed. Flexor tendon of little finger nodulated with tophi and contracted so as to flex the finger down upon the palm. A-f-sal in 20 grain doses four times daily with ¼ gr. doses of Merck's Germanic digitaline, in seven months made a new man of him. The tophi have almost totally disappeared with the exception of the flexor tendon of digit, and even this has lost its nodules, although still contracted. The general health and strength are re-establisht.

Mrs. Wm. M.—Afflicted with acute inflammatory rheumatism. Larger joints involved, pyrexia, diaphoresis and pain. Persisted for seven weeks in spite of nauseating doses of sodium salicylate and sufficient morphin to secure moderate relief. Digestants were necessary to minimize the gastric disturbances of the sodium salicylate. These failing, 20 grain doses of A-f-sal were given every two hours, with phenomenal relief.

Mrs. McD.—Polyarthritis rheumatica. Nodules over fingers and toes. Two years' duration. All secundum artem salicylic treatment useless. Several months of A-f-sal in 80 to 90 grains daily restored her feet and hands to comfortable members.

Mrs. K.—Endocarditis rheumatica. Mitral regurgitation. Rheumatic phenomena not under control with usual remedies. Seen in consultation. A-f-sal, 20 grain doses five times daily. The rheumatism, uncontrollable for months, promptly yielded. Heart lesion was then treated with digitaline Germanic Merck's gr. ¼ t. i. d., and patient is now following his vocation.

Richard B.—Acute endocarditis rheumatica. Mitral regurgitation. Joints still enlarged, inflamed and painful. A-s-phen, which relieves cases of pain more promptly than does A-f-sal, was given in similar doses. A few days effected results which weeks of the usual "drugs" of salicylic acid derivativs failed to achieve.

J. P. C.—Aged 50; joints of the fingers of both hands were enlarged and the fingers were quite stiff; the fingers of the left hand were especially troublesome, the index finger would not bend at all. After the administration of ur-a-sol (now called A-f-sal), in doses aggregating 90 grains a day, the joints all grew free and supple and resumed their normal size, whilst the fingers became absolutely free from all pain and rigidity.

Mrs. A. T.—Suffered for weeks with apparently uncontrollable articular rheumatism. Stomach refused sodium and strontium salicylate. Also some commonly exhibited salicylic acid compounds. In consultation A-f-sal was ordered in 15 gr. doses four to six times daily. Result everything to be desired.

F. C.—Aged 60; a victim of repeated bad attacks of rheumatism during the past 20 years, the last previous attack being very painful, lasting over one month. Four months ago he had an attack of inflammatory rheumatism which became subacute, both legs and knees being badly swollen and quite painful. It was in this stage of the disease that ur-a-sol was first administered, in doses of ten grains every hour for the first sixteen consecutive hours, and within thirty hours from that time of the first dose all pain and swelling had gone from both limbs. As a precautionary measure ten capsules of ten grains each were taken for the next succeeding ten days.

Among others, the following clinicians have informed me as follows:

Dr. A. Rusling Rainear, 2024 Diamond St., Philadelphia, writes: "I have been using ur-a-sol (now called A-f-sal) very faithfully and seriously and the results have proven it to be highly useful. In one particular case of extremely severe and almost violent case of acute articular rheumatism, in large doses at two to three hours' intervals, ur-a-sol (A-f-sal) gave relief and comfort and at the same time showed quick and markt progress towards recovery. I have experienced satisfactory results in all cases of rheumatic and neuralgic tendencies. In my electrical treatment of rheumatoid arthritis, sciatica and neuritis, ur-a-sol has proven a valuable synergist."

Dr. W. K. Shea, 1705 N. 18th St., Philadelphia, writes: "I formerly thought that my personal experience enabled me to comprehend the severity of the suffering accompanying lumbago. A recent experience increast my appreciation of the same most forcibly. Whilst suffering from this attack I used sodium salicylate, strontium salicyclate and aspirin, without receiving any material benefit. On the advice of one of my medical friends I discontinued the use of all the other therapeutic agents and tried ur-a-sol (A-f-sal), beginning with thirty grain doses, for the purpose of physiologic saturation, and continued with ten grains every two hours for several days. The greatest relief from my suffering was obtained, and the same was accomplisht without any of the depressing or nauseating effects usually accompanying the salicylates. I am now constantly using ur-a-sol (A-f-sal) in my practise with equally satisfactory results."

A hospital staff physician of high professional and social standing states: "In a case of rheumatoid-arthritis of four years' standing, a woman, forty-six years of age, had been practically bed-

Digitized by Google

ridden for three years, with enlargements of many joints, exceedingly painful. I tried all of the other forms of salicylates and iodids, had her bakt, and used every known means to give her relief that I had ever heard of. Reading an article by Dr. Johnson, of Germantown, I determined to use A-f-sal, which I did in gradually ascending doses, as her stomach was very irritable and I was afraid to go it very hard at first, until I got her up to ninety grains daily. At the end of the second week there seemed to be a decided improvement, in the lessening of the pain and the ability to move her knees and ankles. At the end of the third week she was able with assistance on each side of her to get across the room with only one assisting her, a thing she had not done for four years. She is improving daily under the use of the medicin, and I am very much pleased with it in every way."

The tendency of salicylic acid compounds to disarrange disgestiv functions causes one to be timid in administering adequate doses of any. The relativ freedom of irritation by both A-f-sal and A-sphen largely overcomes this. Occasionally some disturbance will occur, but it constitutes an exception instead of the rule. Almost invariably, where gastric irritability does obtain, small doses of hydrochloric acid and a little pepsin given at the same time, will correct it.

Rheumatic or lithemic naso-pharyngeal and aural "catarrh," where the local treatment is not followed with the benefit anticipated by usual means, because of a neglect to associate in diagnosis the rôle played by this "diathesis," is promptly followed by remarkable benefit, if in addition to the local measures, A-f-sal is freely administered, is especially inviting to clinicians because of both their prevalence and obstinacy.

Neuralgias, symptomatic of this "faulty metabolism," are well treated with A-sphen.

One especial use for A-f-sal is in the bladder complications of hypertrophied prostate. In the later stages where bacterial action results in fermentation and there is irritating alkalin urin, A-f-sal in 20 gr. doses, four to six times daily, "clears up the putrid urin." What this means to the victim, all experienced clinicians full well know.

Rheumatic iritis, keratitis, acute articular rheumatism, are all promptly relieved by full doses of thirty grains hourly for the first day, and it is not an uncommon experience with me to thus secure relief as to not find it necessary to administer opiates in any form.

The "chronic types," like polyarticular rheumatism, require months of continued use, and in these otherwise regarded incurable cases, where the circulation and nutritional processes have not been destroyed thru advanced alterations of structure, a large percentage are restored to health.

Several years of the treatment, thus briefly outlined, followed with the results reported, induce me to present the facts to the profession. Empirically, these facts have been proven. Biologically, the quotation above offers a satisfactory explanation.

HENRY BEATES, JR.,
[President of the Pennsylvania State Medical Examining Board; Member of the American Medical Association, etc.]

Philadelphia.

[For literature and further information concerning the above mentioned American chemicals (all medical chemicals of value are not "made in Germany"), write to the Organic Chemical M'f'g Co., 2557 N. Sydenham St., Philadelphia.—ED.]

"Suggestions to Patrons."

EDITOR MEDICAL WORLD:—The article entitled "Some Suggestions to Patrons." appearing in August WORLD, pages 344-346, seems to have created a good deal of interest among your readers. I have received letters concerning it from all over the United States. Acting upon suggestions received, I have decided to rewrite it, improve it, and get it out in a form suitable for any physician to use among his patrons. I will be glad to receive suggestions from your readers as to changes, additions, or other improvements. L. C. ALLEN, M.D.

Hoschton, Ga., August 14, 1910.

[Dr. Allen is president of his local medical society, which is a tri-county society.—ED.]

Enlarged Tonsils.

Regarding the article by Dr. Baker in the July WORLD, pp. 307-312, suggesting new treatment for enlarged tonsils, we would like to have an expression of opinion from our readers, after trial, as to the value of the treatment proposed. Every practician has had much trouble treating enlarged tonsils, and a successful method of treatment other than excision should be very welcome to the profession. Is this proposed method of practical value? It would not be difficult, nor require very long, to determin this question.

LOWELL, MASS., August 10, 1910.

Dr. C. F. Taylor:

MY DEAR DOCTOR:—I would be pleased to receive a copy of Senator Bourne's speech, as you offer in THE WORLD for August. Your politics and religion must appeal to every enlightened mind. Keep up the work. The consciousness of work well done is man's greatest reward. Yours for a better world.

T. G. WALLER, M.D.

Digitized by Google

Has Any of the Family Used Chromium Sulfate in Goiter?

EDITOR MEDICAL WORLD:—I would be pleased to have you publish an article, from some brother, in regard to the treatment of exophthalmic goiter (Graves' disease). I am especially interested in experiments with chromium sulfate in treatment of this disease. If you cannot spare the space for an answer to this request, would some of the brothers reply, stating their experiences with the chromium sulfate treatment?

J. R. ECHELBARGER, M.D.

Fletcher, Ohio.

[The editors lack personal experience with chromium sulfate in goiter. If any member of the family has had experience with the drug in this affection, we will be glad to learn of it, and publish results, either favorable or unfavorable to the use of the the drug in this disease.—ED.]

EDITOR MEDICAL WORLD:—Seeing the in quiry of Dr. Rew, of Waverly, N. Y., in regard to the remedy Cerefolius, beg to inform you that such a remedy exists. It is a homœopathic remedy and any good work or rather late work on homœopathic materia medica will give you the symptoms. But for fear that the brother will be delayed, will say that it is a great remedy for dropsy and especially that produced by scarlet fever; as near a specific as you will find (we have no specifics). But this will give you excellent results and can be obtained from any homœopathic pharmacy.

J. D. VARNEY, M.D.

Greenfield, Ohio.

EDITOR MEDICAL WORLD:—If Dr. Bortner (see page 305, July WORLD) lived down in this country where we really have mosquitoes, he would find oil of citronella a good food for mosquitoes instead of it keeping them away.

W. S. WINTER, JR., M.D.

Port Arthur, Texas.

Not Afraid to Read the Other Side.

DEAR DR. TAYLOR:—I have just been reading your paper on "Editorial Individuality" in August WORLD, page 331; and I want to stop right here and tell you how much I enjoy your kind of editorial individuality. I don't see how you and your brother [Editor of *The Medical Council*] manage to get out as good journals as you do every month. It is a liberal education to read them, and certainly helpful as well as interesting to the reader. Of course I do not agree with you in a great many things, but I do not take journals because the editor thinks just as I do, but more likely because he does not; so I can get a stirring up every time I read what he has to say. I like your business principles and your politics better than I do your notions on religious matters; but I take pains to read most all you have to say on any of these subjects, and I think you are just as honest as I am, and maybe I can get some good from some things not quite what I have been accustomed to. At any rate, I am not so much of a weakling that I cannot afford to read the other side. Keep at it. There is no medical journal in the country, so far as I know, that comes so close home to the average doctor as THE MEDICAL WORLD. And it is one of the few that I keep, and I have nearly every number since I began taking it, which was in the '80's, not long after it was started. Cordially yours,

Milford, Mass. J. M. FRENCH, M.D.

Automobile Troubles.

Doctors who buy automobiles, particularly those who buy from small concerns, sometimes have their troubles. For example, Dr. C. M. Thomas, of Healing Springs, Va., ordered a car from a firm in Beavertown, Pa., and thus relates his troubles:

"I bought a car of them last year. They guaranteed it to climb on low gear any hill a horse and buggy can climb. It will not do anything they claim for it, and they will not do anything to help me. I went so far as to send them money to come, or send a man, to make the car run. They would not come nor send any one; sent the money back. I had to buy another machine after fooling with them for a year, trying to get them to do something; but not one thing will they do. I askt them to make me an offer on the machine. They did not as much as answer my letter."

MODELLO, DADE CO., FLA., July 22, 1910.

EDITOR MEDICAL WORLD:—I have been reading the last six numbers of your magazine, January to June. I carefully read your advice to your readers as to investments, and was particularly interested in what you had to say as to the Chicago and other far-away advertising schemes of so-called everglade and other get-rich-quick land companies making most prodigious propositions in the way of giving so much for a dollar, and making such attractiv offers to the unwary. The matter that we, real, all the year residents of Florida, regret is that already so many who have allowed themselves to be swindled, decry all Florida and all Floridians. This is hardly fair. Would suggest that any wise investor should carefully investigate before buying in Florida, as well as elsewhere. Sincerely yours,

S. A. MURDEN.

Editor "Tropical Topics."

According to "Secret Remedies," a book publisht by the British Medical Association, and in which is given the analyses of many of the most widely advertised nostrums, an analysis of Beecham's Pills gave the following results:

The pills had an average weight of 1¼ grains, and analysis showed them to consist of aloes, ginger, and soap; no other medicinal ingredient was found. The quantities were approximately as follows:

Aloes	0.5 grain
Powdered ginger	0.55 grain
Powdered soap	0.18 grain

In one pill.

—*Jour. A. M. A.*

Digitized by Google

QUIZ

New books as they appear are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Is There Any Work on Pellagra?

EDITOR MEDICAL WORLD:—Will you tell me where I can get some late work on pellagra? I want something on diagnosis and treatment. I see you speak of such work being publisht. See WORLD for July, 1910, page 305.

Peoria, Ill. DR. C. D. CARR.

[All late works on practise of medicin have articles on pellagra. Write our advertisers for list of books.—ED.]

Urethral Caruncle.

EDITOR MEDICAL WORLD:—Can you suggest a local treatment for urethral caruncle?

Peoria, Ills. DR. C. D. CARR.

[No local treatment has ever proven of any value in urethral caruncle. The only treatment is surgical removal, which is so simple and effectiv that there is nothing more to be desired. It takes but an instant, is painless under local anesthesia, and always cures.—ED.]

Advertising Cancer Specialists.

EDITOR MEDICAL WORLD:—I have read many advertisements of the so-called cancer specialists, but the one I am inclosing is far ahead of any that I have ever seen. It is surprising to know the amount of business he is doing thru this section. He uses the injection treatment mainly. Do you know anything of the liquid preparations used by such quacks? Couldn't something be done to put a quietus on such men? There are two of them working this and adjoining sections.

TENNESSEE.

[We have no knowledge of the methods or agents employed by the advertiser in question. You can get information on treatment of cancer by injections thru perusal of "Cancer; Relief of Pain and Possible Cure," publisht by The Macmillan Company, New York, N. Y., at $1.25. Another interesting book is Saleeby's "Conquest of Cancer," publisht by Frederick A. Stokes Company, New York, N. Y., at $1.75. The best way to combat quacks is by showing the people that you can do anything they can do, and do it better, and without robbery. Such books aid one. If you can convince the Post Office Department that any one is using the mails to defraud, they will exclude such persons from the use of the mails. Their letters and literature could be submitted to the Postmaster General at Washington, D. C., if their methods are evident attempts to defraud. See exposure of many cancer quacks in these pages during the past year. —ED.]

Is the Sphygmomanometer a Practical Instrument Yet?

EDITOR MEDICAL WORLD:—In June, 1909, issue of WORLD, pages 233 and 265, you give two articles on blood pressure, in which you say that it has not been fully developt yet, and that the instruments have not attained to a degree of perfection. This being a fast age, and over a year having elapst, I take the liberty to ask you to give us all there is to it by this time (if anything more has been added). The semi-big-guns in my section are making capital out of blood pressure. And when you see my signature and recall my article on page 204, May WORLD, you will not wonder that I seek "further light."

GRANDPA, ILL.

[There is nothing of note to add. If you have the time and inclination, you might purchase one of the latest models of the sphygmomanometer and experiment with it. It is only by experiment and experience that the profession can hope to have an instrument developt for them which will be of practical service to the busy general practician. The country doctor who works along these lines has just as good a chance to give some great discovery to the world as has the city or hospital physician. He has a better opportunity, in fact, because he has access to a class of men who are more likely to present perfectly normal characteristics, not being so subject to various forms of intemperance as are the average hospital patients before they come into the wards.

You will enjoy reading The Clinical Study of Blood Pressure, Janeway, publisht by D. Appleton & Co., New York, N. Y., at $3.—ED.]

Digitized by Google

Probably a Case of Cyclical Albuminuria.

EDITOR MEDICAL WORLD:—I have been treating a case of albuminuria for about one year; a boy about 13 years old, 5 feet in height, weight 92 lbs. Has been suffering from albuminuria about 12 or 14 months, sometimes albumin is present in quantity for a week or ten days, then it may be absent for several days. Urin has been examined by microscopist 15 or 20 times, but no casts have been found. Has good appetite, looks well and seems to be all right, except that he is nervous and is always on the go when awake. Have tried dieting, resting in bed two hours after dinner, and refraining from activ exercise; lives outdoor life. Passes from 36 to 44 ounces of urin each day; drinks several glasses of milk and water each day, which probably causes excess of urin. I would be much obliged if you would give treatment and also prognosis. W. S. BOYD, M.D.
Salters Depot, S. C.

[In view of the fact that your young patient seems to be all right except for the nervousness, and that he has been voiding albumin intermittently for over a year without any discovery of casts in repeated examinations, we would suspicion the condition known as "cyclical albuminuria." Not every patient voiding albumin has a kidney lesion. We certainly would give this boy little, if any, medicin directed toward checking the elimination of albumin. Watch him closely, of course, and have the urin examined every two weeks. This will give you every opportunity to detect the appearance of casts, should they come in evidence.

Keep his digestion up to par, and see that the bowel action is normal. Maintain good action of the skin by frequent bathing. In short, establish perfect hygienic conditions. If no casts appear, and if his ordinary good health continues, you may dismiss the thought of nephritis and conclude that you have a case of cyclical albuminuria. Careful records will yield a case report of value after a year or so, which will interest the WORLD family.

Quiet his nerves by the following pill or tablet:

Camphor	½ gr.
Ext. hyoscyamus,	
Ext. valerian, āā	¼ gr

given every three hours till the desired effect is obtained.—ED.]

Four Unsuccessful Attacks on a Tapeworm: Suggestions.

EDITOR MEDICAL WORLD:—I would like to ask what to do next for a patient who has a tapeworm and has been dosed with all the "classical" remedies, and still carries the tapeworm. Among the remedies used are infusion of kousso (1 oz. of herb to 16 oz. water); oleoresin of male fern, dr. 2; and pomegranate, both in the bark and tannate of pelletierine.

The usual period of fasting and rules recommended by Osler and Tyson were observed, but after four trials we have not brought the head of the worm, tho we have secured "yards" of the segments. Patient is a man of about 5 ft. 8 in., and weighs about 150 lbs., age 35 yrs.; healthy otherwise. The last treatment was given two weeks ago, and in two or three months he will likely begin to again pass segments. I would like to know what part of the intestin the worm usually attaches itself to, and if this attachment is constant or if it moves about from one "hold" to another. Why did the remedies fail? Too small dose? MISSOURI DOCTOR.

[We admit that we do not know whether the tapeworm retains a permanent hold upon that part of the intestin upon which it first fastens, but it has always been our impression that it does. Reference to numerous works on pathology and medicin fails to enlighten us on this point. Can any of the family give information as to this?

Your dosage has been sufficient, and we would fear to give larger doses because of the danger of poisonous or fatal results. Often it is advisable, when using large doses of oleoresin of male fern, to separate the dose, giving one-half, and then waiting to give the last half a couple of hours later. Another point to remember is that this medicament does not keep well, and one should take precautions to see that fresh goods are employed. The bottle should be inspected to see that it has been kept tightly corkt. After a bottle containing this drug stands for a time, a granular crystallin substance is thrown down, and this should be thoroly mixt with the liquid part before use. You may have been furnisht stale drugs, or you may have failed to stir the bottle thoroly enuf to get all the virtues of the drug incorporated in the dose given the patient.

There are no better single drugs than those you have employed, but it is sometimes advisable, in case of failure to get the head, to employ combinations, so that one may get the synergistic effect of the union. Try the following:

Resin jalap	5 gr.
Magnesium sulfate	½ oz.
Spirit chloroform	½ dr.
Water, enuf to make	2 oz.

Mix and direct to be taken on retiring. The next morning, early, take one-half the following, and in an hour take the remaining portion:

Oleoresin male-fern	2 dr.
Pulverized tragacanth	40 gr.
Spirit chloroform	½ dr.
Peppermint water, enuf to make	2 oz.

Another point of value is to have the

Digitized by Google

patient use a vessel with enuf warm water in it so that the nates will be almost touching the water, or even be quite submerged, so that the weight of the worm will not drag upon the slender neck enuf to cause separation. The water buoys up the weight of the worm.—ED.]

Formulas for Dusting Powder

EDITOR MEDICAL WORLD:—Will the Editor or any of the family give thru THE WORLD a formula of what would be, in his opinion, a good dusting powder for infants, women, and men, for chafing or sores, and after shaving; usually sold as talcum or borated talcum?

Winona, Minn. WM. F. HOLDEN.

[There cannot be a powder devised or compounded which will satisfactorily fill such widely divergent demands. A dusting powder for sores should be antiseptic, yet it is not practicable to incorporate enuf antiseptic powder in any ordinary dusting powder to give it any efficiency. Talc is objectionable for use on the skin of infants (and for other purposes, also) because when moistened it becomes *mud*. We do not believe any powder should be used after shaving; a lotion containing bay rum and witch hazel is preferable in every way. If a shaving powder be used, one may purchase magnesia in blocks about two inches square, wholesale, at about two cents each, and one block will last a man for years. This magnesia makes the best shaving powder.

Compound stearate of zinc is the best dusting powder for use on the skin of infants, as it is impervious to water, and does not make mud if moisture comes in contact with it. It is not suited for use after shaving.

In spite of the manifest disadvantages of talc for toilet purposes, immense quantities of it are used, generally under a trade mark or in some firm's special package. You can buy it from your wholesale druggist for sixteen cents a pound in the purified form. It is quite as good without perfume as with it. It may be perfumed as follows:

Powdered talc, purified	14 ounces
Powdered orris root	2 ounces
Extract of cassia	½ ounce
Extract of jasmine	¼ ounce

Triturate the perfumes with a small portion of the talc until it is thoroly disseminated thru it; then add more talc, and continue in same manner till all is incorporated. If the mass becomes too bulky for a satisfactory trituration, the whole may be repeatedly run thru an ordinary domestic flour sifter.

Another formula follows:

Powdered talc, purified	5 pounds
Oil of rose	½ dram
Extract jasmine	4 ounces

If one wish to have a "borated" talcum powder, 1 part boric acid may be added to each 22 parts of the talcum powder before trituration.

Still another formula is:

Purified talcum	8 ounces
Starch, rice or wheat	8 ounces
Oil of neroli	10 drops
Oil of ylang-ylang	5 drops—ED]

Chorea

EDITOR MEDICAL WORLD:—Please give diagnosis and treatment, if possible, of the following case. A girl, twelve years old, fair and fat; been ailing at times for three years with St. Vitus dance—but has managed to barely keep in school. Slightly constipated at rare intervals, very slow eater, averaging above thirty minutes per meal. Quite a heavy drinker of water, both at mealtime and between meals. Feels fine, except the nervousness, and upon deep pressure I find a slightly tender spot in upper right iliac region. This tender spot is more perceptible from the region of right kidney than from in front. Urin, s. g. 1016 to 1028; clear, slightly acid, no albumin, no sugar, average three pints in twenty-four hours. Tongue clean, slightly lighter in color than normal, rather pointed, and rather thin; severe headaches at times. Fowler's solution did nicely until three months ago, when nervousness returned. Have used also nervine tablets of camphor, hyoscyamus and valerian; nux vomica and asafetida; calisaya, iron and strychnin; beside several proprietary nerve tonics. The leucocytes number 16,000 to 17,500 per c.c. What bearing has this leucocytosis on the case? Is it of any value in a differential diagnosis? The girl is a very picture of health in all ways but her nervousness. DR. E. C. HINMAN.

Inland, Ohio.

[We cannot give an opinion regarding the leucocytosis without knowing more of the blood count. The number of cells, like many other vital phenomena, are *relativ*, and not absolute. If the red cells are deficient, we should certainly consider that manganese and iron were indicated. Perhaps if you had pusht the arsenic farther, you might have gotten results. Many practicians fail to derive the greatest benefit from arsenic in chorea, because they fail to approach the complete physiological limit again after having been forced to recede from it once.

Without more information, it would not be possible to say what the significance of the "tender spot" might be, if any.

Cannabis indica, two to eight drops of the tincture every three or four hours, accord-

Digitized by Google

ing to age, is said to exert a prompt and decided sedativ action on the convulsiv movements. Quinin has been frequently used with much benefit, and valerian in full dosage will frequently cure.—ED.]

Insurance and Investment.—Injury to Constricting Muscles of Urethra.

EDITOR MEDICAL WORLD:—I would like to ask thru your columns how you consider life insurance, on the endowment plan, as an investment. I refer to the old line companies. Say age 33, for $672, one premium, cash payment, I can obtain a $1,000 policy, which in addition to earnings each year, pays $1,000 either at death or in twenty years.

Will ask how U. S. Government bonds are obtainable, and prices of same, and how considered as investment.

Would also like to get opinion of the family upon a case of mine which has been of unusual interest to me. I cannot find any other physician who has had a similar case. If any other doctor has had a similar case, I would be pleased to note thru later issues of THE WORLD his treatment and results. Case: Mrs. X., age 30; married three years, became pregnant; excessiv and persistent nausea for three months; later gestation normal up to time of delivery. Was delivered three weeks previous to regular time because she stated she had contracted pelvis; forceps delivery. Following delivery she was unable to retain urin completely; only partial, not complete. Examination, negativ; no fissure; no tear; no sinus. Patient at times is able to retain urin perfectly for one, two, and sometimes three days. Then other times urin dribbles away from her. Is compelled to wear a pad of gauze continually. At time of menstruation urin is about normal. She retains urin normally then. At times is able to control urin perfectly for one day at a time, then the reverse. Patient is gradually getting better. Patient is not nervous and is in perfect health otherwise. Would consider it a favor if any brother has had a similar case, who could throw light on the case, to note same in next issue.

IDAHO.

[The space required to explain the fallacy of endowment insurance as an investment is too great to use here, so we have run it as an editorial; see this issue. Government bonds are purchasable thru bond brokers, or your banker will get them for you. They are the safest type of investment, but pay a very low rate of interest. The price varies owing to the issue. Do not buy them. With exercise of good judgment you can make investments which will bring you much greater returns, and yet will be absolutely free from any risk. Government bonds, of course, have the advantage that they are always salable, and can thus be quickly turned into cash, while other investments paying a higher rate of interest may take some time to convert into ready cash funds.

The trouble from which your patient suffers is not a rare one. It is due to injury to the constricting muscles of the urethra during the passage of the child under the pubic arch. It may finally come to a spontaneous recovery, but it would be much better to have it immediately cured by the simple little operation of passing a "purse string ligature" thru the tissues around the urethra. See any text book on gynecology for details of technic. The reason why the trouble is better at the time of the menstrual molimen is that the consequent congestion incident to this phenomenon makes pressure from the periphery of the urethra, and thus gives enuf support to the weakened muscle to permit of its temporarily exercising its normal function. When the congestion passes away, this support is withdrawn, and the condition relapses to its former standard.—ED.]

Dark Complexion: Vitiligo.

EDITOR MEDICAL WORLD:—I would like to have help from the Editor, also from the family, for myself. I have always had what any one would call good health; 42 years of age; weight 175 lbs.; mother of four children (all grown); very fair complexion. My complexion has always been good until living in a district in which malaria prevailed, where I was sick with the fever for three months or more. Since that time, which has been more than three years, my complexion has been a very dark brown or yellow, different from a sunburn or tan. I have always felt well since that time, even tho my complexion never cleared up. In the past six months, white spots have begun to appear, first on my hands and arms, and beginning now on my face. They are small at first and gradually get larger, till some of them are larger than a silver dollar now. The spots are as white as snow in comparison to the brown surrounding them, and the flesh is almost as tender as that of an infant's. During the past two weeks, if I have had my hands in water for some time, or do a washing, there will be a burning sensation and little red pimples arise, but do not remain longer than a day or two, and leave the places as white as before. I never had any kind of skin disease. I had erysipelas about ten years ago; it left a small scar on my face but never affected my complexion.

I would appreciate any suggestions or help that might come thru THE WORLD.

My husband is a physician and has found many useful suggestions in the paper the past year. He renewed his subscription after having dropt it for several years.

A MISSOURI DOCTOR'S WIFE.

[We are always glad to hear from, and to help the ladies. In your case, dear Madam, we regret that there is little help

Digitized by Google

possible. You are suffering from vitiligo. If your husband has a work on dermatology, you may turn to this title and look it up for yourself. The consensus of opinion is that vitiligo is incurable, and that it generally persists thruout life. At the same time, spontaneous cures have been reported. Duhring advises the long continued use of small doses of arsenic, and recently a case was reported as having been cured by the use of thyroid extract. Of course you will not take either drug without your husband's knowledge and counsel, as neither is fit for administration by an unskilled or unknowing person.

The skin about the patches is darker, and the contrast is thus made more noticeable. This is combated by lotions of corrosiv sublimate or acetic acid, which causes slight desquamation and consequent bleaching. Another plan is to dilute walnut juice till its stain is about the color of the skin surrounding the patches, and then apply it to the patches so that they will "tint up" with the surrounding skin. You will likewise beware of the corrosiv sublimate and acetic acid except by your husband's advice.

Vitiligo produces absolutely no symptoms beyond the discoloration, and the simple devices suggested above will rid you of annoyance and embarrassment. With this you will have to be content.—ED.]

Bromids Fail to Cure a Case of Epilepsy.

EDITOR MEDICAL WORLD:—Please let me ask your help in a case that I diagnosed as epilepsy. A girl at beginning of the attacks was 14 years 3 months old, now 16 years, has periodical spells of clonic muscular contractions, drawing her head to one side, very slight unconsciousness, would pass off without any after effects. This would occur about every 28 days, to sometimes two months, for six or eight months, then the attacks began to get more severe, and when she had these muscular contractions (drawing head to one side), she would fall, getting up at once, scarcely being unconscious at all. There was no other symptom; no frothing at mouth; no forewarning or after effect; this condition has lasted about two years; now the attacks are more aggravated. When spells come on she will fall, froth at mouth, and the unconsciousness is more pronounced. For half an hour after these attacks she seems to be restless and uneasy, and has rapid full pulse; her breath is very offensiv, rather indicating a catarrhal condition of stomach; give remedy for same.

She has two aunts, sisters to her father, who have been similarly affected; her mother and older sister have never had any trouble of like nature. These attacks started four or five months before puberty and I thought and so advised her mother that when she began to menstruate the trouble would probably give way. But while these spells seem to come on about the menstrual period, it don't seem that the condition is in any way changed. The girl is stout and general health good, all the organs well developt. No history of tubercular or constitutional troubles. The bromid of potash seems to have warded the attacks off at times but is not curativ. I have her taking now:

℞ Ammonium bromid
Potassium iodid, āā..... ℈viij
Potassium bromid ..... ℥vj
Soda bicarbonate ..... ℥ij
Tinct. calumba ..... ℥ij
Distilled water q. s. to make... ℥viij

Mix and direct: Give a dessertspoonful three times a day and at bedtime. Use the galvanic battery every two or three days. Advised soda baths and massage. What say you and other brother doctors? I want your comment on diagnosis, treatment, etc. Help to cure the young lady.

Please advise me if I can get a book on how to manage a sanitarium and where to procure it. Long live the Editor and MEDICAL WORLD. We need your help all along the line.

Pittsburg, Texas. F. H. ELLINGTON, M.D.

[If she understands what a dessertspoonful means, she is undoubtedly getting enuf bromids. Some people have a spoon somewhat smaller than the ordinary teaspoon, which is wrongfully called a "dessertspoon." It might be well enuf to examin the spoon she is using. Perhaps you have not been administering this amount of bromid long enuf to get the full effect of it. As you do not say how long she has been using this mixture, we cannot judge of this. If you have given it a thoro trial it is time to change to something else, or at least to augment the medication by other drugs.

There is no doubt of the diagnosis. It is merely a question of finding the drug best suited to her case, and learning the dosage required to hold the attacks in abeyance. The "cure" of epilepsy is a mooted point, not many physicians of experience admitting a cure possible when the attacks are so well establisht as in this case.

Strontium bromid may be given in massiv dosage, especially when combined with physostigmine, and is believed by many to have a better effect than any of the other bromid salts. Certainly it is less apt to induce digestiv disturbances. It is often given in 30-grain doses. Drop doses of a 1 per cent. solution of atropin in brandy have been highly extolled. Twenty grain doses of sodium borate, three or four times daily, have produced excellent results in many cases. Digitalis, physostigmine and belladonna, combined with the bromids, increase their efficacy in nearly every case of epi-

Digitized by Google

lepsy. Ignatia, where there is no pronounced cerebral congestion, often exerts a markt influence. Hydrastinin hydrochlorate in ¼ to ½ grain doses daily, increasing the daily dose to two grains, has been successful in cases where the bromids are useless. The citrate, lactate and oxid of zinc have been extensivly employed, and do not cause stomachic derangement. Bryonia and turpentine are old-fashioned drugs, but have a certain influence in many of these cases. Spermine and orchitic extract are among the newer remedies which have attracted attention. Tincture of the berries of the horse nettle (Solanum Carolinense), made by bruising them and steeping in whiskey, has been of service in many cases, and should be tried in any case where the bromids have failed.—ED.]

Formula for Moorman's Tincture Wanted.—Obstinate Leg Ulcers.

EDITOR MEDICAL WORLD:—Will you give me the formula for Moorman's Tincture for pregnant women?

Also suggest treatment in the following condition: Woman 65 years of age, in good health generally, has chronic phlebitis above ankle, some swelling, redness and ulceration, with a great deal of pain, especially at night. Local applications to relieve pain irritate the ulcers. I have employed peroxid of hydrogen, boric acid, acetanelid, unguentine, iodomuth, etc., with no improvement. MICHIGAN.

[We do not know the formula for the nostrum in question, and have never before heard of it. Can any of the family give any information as to its composition?

Have you tried concentric strapping of each ulcer with adhesiv strips in connection with any of the treatments named above? Often this will induce healing, when the same application without the strapping will prove valueless. We would suggest strapping "log cabin" style about each ulcer, coming as close to the edge as possible without actually touching it, and covering the surrounding skin for at least an inch with straps about one-third of an inch in width, overlapping each other about one-half their breadth. Cleanse the ulcer once each day, or every other day, owing to the amount of secretion, with peroxid of hydrogen, without removing the straps, and complete dressing with a pad of five per cent. moist iodoform gauze and liberal bandaging. Renew straps once a week, or when soiled. If this is not producing improvement in two weeks, try dressing with oxid of zinc ointment, without strapping. If she could be induced to keep off her feet for two weeks, and keep the affected ankle elevated all the time, it will prove a powerful factor in aiding any dressing.—ED.]

Remedy for Insomnia and Leucorrhea Wanted.

EDITOR MEDICAL WORLD:—Miss E. S., age 17, a junior in high school, studies hard and is very nervous, cannot sleep for two or three hours after retiring. She has a good appetite, and weighs about 130. She has a profuse leucorrhea. She has menstruated for over three years. Absolutely no gonorrhea. I am at a loss to know the cause, and would like to have you suggest a course of treatment which will cure the leucorrhea and insomnia, as I am very anxious to cure her.
Ogilvie, Minn. DR. S. D. SOUR.

[The symptoms indicate that the girl is breaking herself down at her studies. No absolutely healthy girl at 17 years of age should realize that she has nerves. Our first recommendation would be to take her from school for a year, and put her at outdoor exercise, without any mental effort whatever, and we would include in our restrictions fancy sewing, music, painting, etc. During this time she should have, of course, tonic medication. This would probably cure her.

Quite likely she will demand something that will cure her while she continues to overtax herself at her studies, and whether you can give her this or not will be a question. Certainly the rational treatment would be rest and recreation. To steady her nerves, try camphor, 1 grain; extract hyoscyamus, ½ grain; extract valerian, ½ grain, made into a pill. Give one every three hours till the nerves are quiet. Put her on a tonic containing quinin in small doses, with strychnin in large doses.

Make a vaginal examination and ascertain whether the leucorrhea is of vaginal or uterin origin. Most likely it will be found to be the former. If so, tonics, rest and a vaginal astringent will cure it. Try the use of a vaginal wafer containing:

Alum	3	grains
Zinc sulfocarbolate	1	grain
Colorless fluid hydrastis	1½	minims
Boric acid	7	grains

passing one to the womb every other night. Precede the insertion of the wafer with a cleansing douche of warm water, and have her take another douche the next morning after using the wafer.

If the insomnia does not disappear under this regime, give her 7½ to 10 grains of veronal on retiring. Do not use this every night, but try it on alternate nights for a time.—ED.]

Digitized by Google

Can Osteopaths Prescribe Drugs?—The Old "Deed for Lot" Scheme to Defraud.

EDITOR MEDICAL WORLD:—Can a man licensed to practise osteopathy—not an M.D.—dispense medicin, drugs, etc., to his patients? Must he confine his practise to manipulation? In a legal sense are there any restrictions upon his practise? I know of one who dispenses in this city.

What do you know about the Manhattan and Suffolk County Realty Co., Inc., 132 Nassau St., N. Y., and their operation at Riverhead Terrace, Long Island? My wife won a lot in a recent drawing at the "Big Hip," and they want $10 for a deed. Any advice will be appreciated.

PHILA.

[We understand that osteopaths, under the law in Pennsylvania, are not permitted to prescribe drugs.

Drawing a lot and then making a charge for a deed is such an old scheme to defraud that it is "gray headed." It can be set down as a certainty that lots gained in this way are not worth the charge made for the deed. We say this from general knowledge, without having any special knowledge of Riverhead Terrace, L. I., but we know of no reason why this should be an exception to the rule. If any one knows of any exception to this rule, let him speak up. We never heard of an exception.—ED.]

Edema: Obstinate Vertigo: Is it Pellagra?

EDITOR MEDICAL WORLD:—Kindly aid me. Patient, a man 55 years of age, has been a barkeeper and very hard drinker for 30 or 35 years. Good health until about 18 months ago; had "grip," and pleurisy; made good recovery in about three weeks. Six months later began to swell. When I was called in, weight about 40 pounds above usual. I reduced swelling and he has had no return since. A few months later began to suffer with vertigo. He states that when he gets on his pot or sits in a chair, he has a regular "mix up"; but the feeling of falling backward overcomes all others and he would fall backward should he not get support.

About three months ago the backs of both hands appeared to be sunburnt. In a few days blisters formed and a small amount of pus appeared. I removed skin and used wash, and in a few days hands were all right. A few days after hands began to give him trouble a solid white coating formed on tongue and gums of mouth; mouth very sore, constant flow of saliva, no odor, this lasted for two weeks; has gained but little strength in the last month. Bowels have been in very good condition all the time. Poor appetite; no pain. T. L. HIGDON, M.D.

Wayside, Md.

[Vertigo is one of the hardest of all symptoms to trace out from a written description, and your report of the case is not given in enuf detail to permit of any accurate diagnosis. Vertigo is best sought out by a process of elimination, following a careful examination of all parts of the body and a judicious weighing of all symptoms, both subjectiv and objectiv. Particularly investigate the ears, digestion, liver action, possibility of constipation, gaseous formation in stomach or bowels, heart, kidney, etc.

Have you thought of the possibility of your having a case of pellagra? Some of the symptoms resemble those found in this disease, but you have not given enuf history and detailed symptoms to permit of our hazarding any opinion in the matter.—ED.]

Discovery of the Causes of Malarial and Yellow Fever.

TO THE EDITOR:—1. When and by whom were the causes of malarial and yellow fever discovered? 2. Who lost their lives thru these researches? 3. Which of the workers along this line are living? H. W. JONES.

Arthur, Ill.

ANSWER.—1. The parasite of malarial fever was discovered by C. L. A. Laveran, of Paris, in 1880. The transmission of malarial fever by the mosquito was suggested by Sir Patrick Manson, demonstrated by Major R. Ross, and later confirmed and more fully developt by G. B. Grassi, of Rome. The agency of the mosquito in transferring yellow fever was suggested by Dr. C. Finlay about 1880, but this agency was not demonstrated until 1900, when the experiments of the U. S. Army Yellow Fever Commission, consisting of Major Walter Reed, James W. Lazear, James Carroll, and A. Agramonte, were made.

2. We recall no deaths of investigators experimenting with malaria. Carroll and Lazear allowed themselves to be bitten with yellow fever infected mosquitoes; Dr. Carroll suffered a severe attack of the disease, and Dr. Lazear died from yellow fever thus communicated. Dr. Carroll's obituary was publisht in *The Journal*, September 21, 1907, page 1048.

3. We believe that the principal workers on the theory of malaria transmission are still living. Of the American yellow fever commission only Agramonte survives.—*Jour. A. M. A.*

A half pint of lime water, daily, in divided doses, is said to promptly and completely banish warts on any part of the body in the course of a few days.

Who Can Present a Better Record?

Dr. A. O. Reppeto, of Banks, Ore., writes: "Inclosed find money order for $3 for four years' subscription. I have been a subscriber for twenty-one years, and I couldn't get along without it. Twenty-one years is a long time to be a subscriber, is it not? Since that time I have been blest with one-half dozen boys and a darling little daughter, age 4½ years, the baby and pet of our home. Don't you think I have done well? The boys are big husky fellows, and our little daughter has never been sick but one day in her life. And we think we owe it all to THE MEDICAL WORLD."

ALEXANDRIA, IND., August 1, 1910.

DEAR DR. TAYLOR:—Please send me one copy of Senator Bourne's speech, or several if you can spare them—I want to hand one to our mayor. The attitude of the Arkansas doctors does not surprise me, as I find that when it comes to civic matters *indifference* is the rule. If you were offering a copy of the details of the Johnson-Jefferies fight, provided it had not been publisht broadcast previously, why, every man in the land, and many ladies, too, would send for a copy.

Yours very truly, L. F. SCHMAUSS.

Digitized by Google

OUR MONTHLY TALK.

It is dangerous nowadays to say anything about the general political situation, else what is written to-day may be reversed by the developments of to-morrow. Particularly is this true concerning the situation in the dominant political party. We have heard a great deal for many months about Cannonism, Ballingerism, and Aldrichism—all being about the same kind of "ism." A short time ago (I am writing August 18th) was reported from high political circles a scheme of clearing the party decks of all these "isms," and trim the G. O. P. ship for the difficult cruise thru the coming campaign. I then had it in my mind to say that the republican party is well managed; that it knows how to trim cunningly for an election—and that is one reason why victory perches on its banners so often; that Wall Street has ways of making men do its bidding quietly and with becoming decorum. Senator Aldrich renewed his declaration that he would retire from the Senate after March 4th next, and I thought that Speaker Cannon and Secretary Ballinger would follow with cleverly-worded statements, the former announcing his determination to retire from the Speaker's chair at the close of his term, March 4th next, and the latter asking to be relieved of official duties, "because of the demands of private practise." But such schemes are not always "pulled off" harmoniously; the Speaker has announced that he will fight for his present position, and the Secretary of the Interior is not disposed to step down and out—and there is a pretty mess in high political circles. But before these words reach the reader's eyes, all may be smooth and serene.

But however temporary superficial political conditions may be, I want to impress upon the mind of every citizen that I can reach the fact that *the people* make *permanent* political conditions. No leader, however able, can lead with the people against him. All political leaders become such by sensing the drift of the people and then keeping a little—just a little—ahead. And here I wish to say that it is *worth while* for private citizens to think and have independent opinions. If you rightly discern the public needs and desires, keep thinking and talking, and you will be a leader, and you will have the satisfaction of seeing yourself so proved. Postal Savings banks were won only by *persistent* demand of the people. Not many years ago such a proposition would not have commanded respectful attention in Congress. It was sneeringly called "populistic," or "socialistic." With some people these words will condemn any proposition to which either of these words is applied, whether truthfully or not. But the number of people who can think and who have the courage of their convictions is rapidly increasing. Only a short time ago the above-mentioned three "isms" were arrogantly flaunted; soon they must disappear—a result of successful insurgency. You can be a successful insurgent in your party and in your community if you sense political needs correctly.

In the early 90's the democratic party swarmed with insurgents, and in 1896 Bryan successfully led them. Roosevelt was a militant republican insurgent in the White House, and after he departed many able exponents of republican insurgency arose in both houses of Congress. Under the Bryan leadership the democratic party has been progressiv. Now there seems to be a death struggle in the republican party between the insurgents and the conservativs. It is likely that the "stand-patters" will vote for democrats (particularly for conservativ democrats) rather than for insurgent republicans, just as the same kind of democrats voted against Bryan in 1896. They don't care for party; they care only for the selfish interests of the wealthy classes.

It looks as tho there will be a serious break in the republican party. The insurgent republicans are as "populistic" as the Bryan democrats. If the insurgents get control of the republican party, watch and see the conservativs flock to the democratic party, with a view of recapturing it from the Bryan forces and making that the conservativ party. Then the trusts and corporations will furnish a big campaign fund with which to elect a democratic president (of their choosing) in 1912. They have him pickt out, in case of need. He is Governor Harmon, of Ohio. He was a Cleveland cabinet officer, and would be as much of a reactionary in National politics as Aldrich himself. As between Harmon on the democratic ticket and Cummins or Roosevelt on the republican ticket, the people's interests would be served by the success of either of the latter. Possibly enuf democratic politicians who are hungering for the "flesh-pots" will be tempted by the big campaign fund and the prospect of victory to swing the democratic party to Harmon and conservatism and reactionaryism in 1912. If so, *knock 'em*, just as in the Parker campaign. Some prominent democratic politicians apologized for the nomination of Parker by saying they were "tired of defeat." Better defeat, many times over, than victory with sacrifice of principle.

The conservativs have no principle (nor party) except the promotion of their own selfish interests. Then why should not the *people* be simply true to themselves? Please bear in mind what I have said concerning this campaign: The conservativs will strive to defeat the people's friends, regardless of party. *You* should strive to *elect* the people's friends, regardless of party. The people's friends are progressiv democrats and insurgent republicans—not much difference between them. Amid all the perplexing mazes of superficial party conditions and changes, all you need to do is to keep the above clearly in mind. "Swat" conservatism, which means hold-back-ism, whenever and wherever you can, regardless of the sometimes misleading labels of republican and democrat. These old labels do not mean much any more—they mean absolutely nothing to those who can see thru the mazes and the dust that is made to cloud the mind of the ignorant voter. The man who can see clearly will vote for who and what he knows to be in the people's interests, regardless of old party labels. The "upper classes" have been voting and working for their own interests all these years, regardless of party labels, tho they have used these labels cunningly to mislead the average voter. It is high time that the average voter should get his eyes open. The ideal condition would be to have the party cleavage between the exploiters on the one hand and the masses of the people on the other; but the exploiters are too cunning for that. They claim to be the

Digitized by Google

"workingman's friend" and claim all other civic virtues, while it is their own interests that they are looking after all the time. You must cultivate discerning vision.

* * *

While writing the above I had National politics in mind—and some of the National questions I had in mind were, reduction of the tariff on the necessities of life, which places the burden of taxation on the masses of the people; taxation of the rich by means of National income and inheritance taxes; further progress along the line of regulation and control of corporations by the Federal Government; *real* conservation; a parcels post similar to that of other progressiv countries; a Government telegraf service as a part of the mail service; etc. But, as important as these things, and other progressiv measures that might be mentioned are, they are not the whole story.

Self-Government Begins at Home.

Those cities which have adopted the Des Moines plan of Commission government, which includes the local use of the Initiativ, Referendum, and Recall, are exercising real self-government. Those states which have an Initiativ and Referendum amendment to their constitutions (I have mentioned them several times) know what the real thing is. Particularly is this true in Oregon, which has gone farther in the way of government by the people than any other state. Senator Bourne's speech tells about it, which I am still sending free to WORLD subscribers who write for it. The most important political duty now is to place an Initiativ and Referendum amendment into the constitution of every state in the Union. Arkansas will vote on that question September 12th. I am kept constantly informed of the progress of the campaign there. As I feared, opposition has developt. Of course it comes from the alcoholic liquor interests chiefly, and also from the corporation lawyers and the corporation tools in general, chief among which is the *Arkansas Gazette*, of Little Rock, which is democratic only in pretense and not in reality; it is a corporation organ, and is not conducted in the interests of the people. And it is feared that the corporations and whiskey interests are holding Governor Donaghy back, for he is weakening, and not doing for the Referendum what he promist at the beginning of the campaign. I hope that before these lines reach Arkansas the Governor will have removed this suspicion, and that he will yet do all in his power for the successful adoption of Amendment No. 10 by the voters of Arkansas September 12th. And let me ask every voter in Arkansas that I can reach to vote and work hard against every candidate for office who does not work hard for Amendment No. 10. Let this resentment against candidates hostil to Amendment No. 10 extend from candidates for Governor and U. S. senators down to the lowest local office. Show them that the fight is on in earnest; and make it last permanently, so as to make it forever impossible for any man who now opposes or fails to activly support Amendment No. 10 to ever hold office again in Arkansas. That's the way to fight for principle. Make it evident that the people of Arkansas are more powerful at the polls than the corporations and the whiskey ring combined, all of which feed upon the people. They are opposed to the people having any more power in the government of the state than they now have. Amendment No. 10 would increase the people's power (would give them the Initiativ and Referendum). Let the people of Arkansas demand and get that increase of power by overwhelmingly adopting Amendment No. 10 September 12th; and let them politically kill every man who gets in their way.

I hope that every Arkansas doctor who reads these lines will have them copied in his local paper and give the advice here given as wide publicity as possible before September 12th. See that every voter is instructed how to vote for Amendment No. 10 before he votes. There is nothing partizan about this. The conventions of both parties have endorsed it. And every politician and candidate of whatever party who fails to do his full duty in this campaign and at the election on September 12th in support of Amendment No. 10 should forever be made to feel the resentment of the people. Get this inherent right of the people peaceably if you can, but contend determinedly for it if you must. Make the vote for it in your community unanimous if you can, to overcome the majorities against it in the whiskey centres. And remember that every ignorant voter who fails to vote *for* it will be counted against it, for the present constitution in Arkansas requires a majority of *all votes cast* to carry an amendment; so any man who votes at all (for candidates only) and fails to vote *for* the Amendment, is counted against the Amendment. That is the chief reason why you in Arkansas at this election September 12th must look after your ignorant and careless voters and see that the ballots vote *for* Amendment No. 10. See that they are properly markt, put in the ballot box, and counted—the whiskey ring and the corporations will cheat if they get a chance.

Other States.

Next to Arkansas, in this struggle for Direct Legislation (the Initiativ and Referendum) comes Colorado. Governor Shafroth of Colorado called an extra session of the legislature for August 9th, for several purposes, chief among them being to submit a Direct Legislation amendment to the state constitution, to be voted on at the general election in November of this year. The people of Colorado are bright and progressiv, and they know what they want; and if they get a chance to vote on such an amendment in November, it will be carried without the shadow of a doubt.

Mr. Bryan requested the governor of Nebraska to call an extra session of the legislature for the same purpose, but he wouldn't do it. The liquor crowd defeated this measure in the Nebraska legislature last winter, and it looks as tho they wouldn't "let" the governor call an extra session to do what was promist but not fulfilled last winter. But now all the parties have put it into their platform in Nebraska, and there is an activ non-partizan or inter-partizan Direct Legislation League earnestly pushing it, so it seems certain that Nebraska will be the next state after the ones above mentioned.

The next state in line, it seems to me from my information, is Washington. Then will follow, in my opinion, Minnesota, Wisconsin, California, Kansas, Iowa, and possibly Illinois, tho probably not in the order given. There is activ

Digitized by Google

propaganda work going on in about 30 states; but those above mentioned seem nearest the goal. The others will follow, victory in each state making success in every other state progressively easier. Direct Legislation will spread like the secret ballot and the direct primary did. And when we get it in successful working order in most of the states, we will talk about making National use of the principle of the people voting directly on measures when they wish to do so.

A Good Example.

RICO, COLO, July 26, 1910.

DR. C. F. TAYLOR; MY DEAR DOCTOR:—Many times it has come to me that I should write you simply to encourage you to continued effort. Then it has come to my mind that you are not in the field for plaudits, but for the benefit of the profession. Keep up the good work. Here is a confession: I love THE WORLD partly because I don't have to spend as much or more time looking up the meaning of unusual and obsolete words. In other words, it is not stilted and ambiguous. Monthly and Business Talks demand my attention first; then I go to Camp Meeting with pleasure and profit.

It's because of this month's Talk that I write. As you are aware, the Governor has called the legislature in extra session. I am doing the editorial work for the local paper (because of the talks), as an accommodation to the editor. I would like to have a copy of Senator Bourne's speech; and any other literature you can send bearing on the issues will be gladly and thankfully received.

This fall, if the legislature submits an Initiativ and Referendum Amendment, it will be necessary to give it a thoro airing, and its practical workings as given in Senator Bourne's speech will be important to the voters in this campaign of education.

The Direct Primary and Initiativ and Referendum are the main issues to come before the extra session. Then Bank Guarantee, Utility and R. R. Commissions, and the headless ballot are the other issues. I shall be very grateful for anything bearing on them. We want to uphold the Governor. God give you health and strength to continue your good work; you have the courage and ability. HOWARD H. DAWSON. [M.D.]

Life and Religion.

We have heretofore considered Religion and Life. Suppose we put Life first this time. The old idea that this "vale of tears" is, and was by the Almighty intended to be, a place of probation—a place of test or preparation for another world and another life—is not insisted on as strenuously as formerly. The old-fashioned long-faced religion is losing ground. The religion of joy and happiness is crowding it out. That sanctimonious old hypocrit, male or female, who prays and then grumbles, who goes to church on Sunday and who is dishonest in some way on Monday, by cheating, making promises that cannot and will not be fulfilled, by making debts unjustifiably, etc.—these old hypocrits are justifiably despised, and their religion is absolutely no good. In the last analysis we must conclude that the best prayer, the prayer most acceptable to God and man, is a clean, efficient, honest and ethical life. Some souls are strengthened by earnest prayer in the privacy of seclusion. If the prayers are earnest and honest, they will be so proven by more kindliness; less temper; larger and more willing helpfulness to others; more sunshine in face and voice, and the strictest scrupulousness in one's economic relations to others and to the world in general. Without these effects, the prayers do absolutely no good, and they will rightfully be considered by others as a poor cloak for obvious shortcomings. Particularly is this true if the prayers be loud and "before men" instead of in strictest privacy. Some pray because it makes them "feel good inside." But this is a useless indulgence and a sinful dissipation unless the prayers are translated into deeds of service and good will. The most despicable character is the praying scold, male or female. The church-going fault-finder is a close second. If your religion does not give you beauty of character, patience and kindliness, in all your relations with others, *particularly* with the members of your own family; if it does not give you a cheerful heart, a willing mind, a ready hand and a beaming face, throw it away. It is of no value to you, and perhaps is a detriment. Throw it away and try to find another that will give you these things.

It isn't a matter of belief in old traditions and alleged facts; it isn't the adoption of any creed or the use of any formula. If you are so attuned to the great mysteries and realities of existence that you are a joy and an aid to all with whom you come in contact, you "have religion"; and it is a good one—good enuf to keep forever. But if you are cross and sour, if you scold and complain (I mean women as well as men), if the children and dogs do not run to meet you, if laughter and cheery voices are silenced when you enter the room, if you scheme to get your neighbor's patients, no difference how long and loud you pray, nor how regularly you attend church, nor how solemnly you recite the creed, your religion is *no good*—it does not fit in with the right kind of a life; and you would better hunt for another. The praying scold is the most irreligious thing I know of. The religion that does not make the life right cannot be right. And the life that is right is in itself a sermon, a prayer, whatever may be the theological theories entertained by the one who lives a right life. The kind of a life above indicated is a religious life, be it Christian, Jew, or pagan.

* * *

Now let us have one of those model prayers from the *American Magazine:*

A Prayer for all Teachers.

BY WALTER RAUSCHENBUSCH.

We implore thy blessing, O God, on all the men and women who teach the children and youth of our nation, for into their hands we daily commit the dearest that we have. We know that they are the potent friends and helpers of our homes, and that as they make our children, so shall future years see them. Grant them an abiding consciousness that they are co-workers with thee, thou great teacher of humanity, and that thou hast charged them with the holy duty of bringing forth from the budding life of the young the mysterious stores of character and ability which thou hast hidden in them. Teach them to reverence the young lives, clean and plastic, which have newly come from thee, and to realize that generations still unborn shall rue their sloth or rise to higher levels thru their wisdom and faithfulness. Gird them for their task with a double measure of thy patience and tranquillity, with a great fatherly and motherly love for the young, and with special tenderness for the backward and afflicted. Save them from physical exhaustion, from loneliness and discouragement, from the numbness of routine, and from all bitterness of heart.

We bless thee for the free and noble spirit that is breathing with quickening power upon the educational life of our day, and for the men and women of large mind and loving heart who have

Digitized by Google

made that spirit our common possession by their teaching and example. But grant that a higher obedience and self-restraint may grow in the new atmosphere of freedom. We remember with gratitude to thee the godly teachers of our own youth who won our hearts to higher purposes by the sacred contagion of their life. May the strength and beauty of Christ-like service still be plainly wrought in the lives of their successors that our children may not want for strong models of devout manhood on whom their characters can be moulded.

Do thou reward thy servants with a glad sense of their own eternal worth as teachers of the race, and in the heat of the day do thou show them the spring by the wayside that flows from the eternal silence of God and gives new light to the eyes of all who drink of it.

* * *

Amid the wealth of interest in the accumulated letters and those which still occasionally come in spite of my repeated requests that they stop, it is hard to choose. Suppose we try this one:

DEAR DR. TAYLOR:—Your Monthly Talks on superstition, religion, morality, justice, and every-day wisdom outside of the medical part of THE WORLD are worth twice the price of the journal. The answers to some of your home thrusts by the small-headed, pig-headed and bull-headed backnumbers of a fast disappearing lot of bigots is the most amusing of any monthly literature I know of. Go on with the good work. I feel like doubling the amount of my subscription whenever I see a benighted brother try to scare any one, these times, by threatening to withdraw his subscription.

I have now lived in this world 64 years, and during that time have observed that outside of contagious diseases and accidents, most of the misery and unhappiness in the world are produced by tobacco, whiskey, and religious fanaticism. J. Q. MOXLEY, M.D.

Lewiston, Idaho, July 16, 1910.

Brother, those whom you consider "pig-headed," etc., are simply *blind*. Or, rather, they do not see some things as we do. Possibly they consider that *we* are blind. Let us all be tolerant and kind; and then maybe we will begin to see things more alike.

2998 MISSION STREET,
SAN FRANCISCO, CAL., April 18, 1910.

DEAR DR. TAYLOR:—For many years have I been a subscriber to your WORLD, and I have been repaid many times by the perusal of the same. Proud am I to see your unbiased statements regardless of what some would be too cowardly to publish. I am astonisht to read the criticisms in regard to the religious controversy. To think of the narrowness of some minds in this advanced age is truly deplorable. No one can refrain from admitting that there is some good in all dogmas. Why close our eyes regarding beliefs that do not agree with the teachings of our childhood? What narrow calibers some must possess. Does it not look like an insult to intelligence for some to try to muzzle you and your contributors? I admire your pluck. You are sure to win out.

Inclosed you will find my check. I have $5 for you; if others will put up a like amount we can make up for the few who are so narrow as to stop THE WORLD on account of its enlightening attitude.

Hoping you will continue to be as outspoken in the future as you have been in the past, I am

Yours fraternally, L. F. JONES.

Thank you sincerely, Doctor, for your kind offer, but I must decline it, for I feel that those who have left our fold for the reason above given are losing more than I am. I wish you could reach *them* and help them. I might consider your offer the start of a fund to enable me to *give* THE WORLD to the above-mentioned brethren who so sadly need it, but who don't know it. Let us remember that the work that we are doing in trying to enlighten the world needs kindness instead of severity.

May I show you this letter from an Iowa doctor:

LE CLAIRE, IA., Aug. 9, 1910.

C. F. TAYLOR, M.D.; DEAR DOCTOR:—I love THE WORLD. Living is such a glorious thing. Life is a wonderful mystery. I believe the practise of medicin places us in a position where we are led to contemplate much upon—Life. We are led to view the Creator as the most infinit, eternal and unchangeable. As I adore Him as unchangeable, how can I believingly read many of the Bible stories? But a promiscuous expression of such opinions are very unpopular. I am sorry to say that the average professors of Christianity are very radical, and what I consider an exalted idea of our Creator they consider unbelief!

Your Monthly Talks have been very much enjoyed by me. I cannot say that I believe all that you have written. You probably would not believe all that I might write. But I look forward monthly for your letter, and I know that the discussion of religious matters has been to you a very serious affair. I'm loath to think that any brother practician should be so uncharitable as to *pout*.

But what I started to write was, please send me a copy of Senator Bourne's speech. Dr. Taylor, please continue those Monthly Talks; and don't forget to include Religion and Life. We doctors are considered "so irreligious" (God knows we are not lacking in *charity*). And if any member of the family "goes wrong," the doctor gets the whole story from tear-dimmed eyes—and his advice and sympathy are much appreciated. I am sure the presentation of religious views will be beneficial.

With wishes for a long life and a sufficiency of all good things to make it happy, I am, Fraternally,

W. W. BAILEY.

One more is all I will present this time—a letter and reply. They will explain themselves:

KIDDER, MO., July 13, 1910.

MY DEAR DOCTOR TAYLOR:—Will you do me the kindness to look at *The Sunday School Times* for April 2d, and July 2d? The answers therein contained to the question, "Who Say Ye That I Am?" seem to indicate that the weight of opinion on the part of the specialists in the Scriptures is in favor of the "orthodox" belief. I am, Yours for the Truth, J. M. W. CANNON.

PHILADELPHIA, July 20, 1910.

DR. J. M. W. CANNON, Kidder, Mo.; DEAR DOCTOR:—As per your order, the Sunday School Times sent me issues for April 2d and July 2d, with pages 171 and 328 markt. Last night I took them home with me, and read them carefully. Doctor, when you think that all of these men have been carefully trained in that particular kind of thought, and have been taught the creed from childhood, you cannot think it strange that they think as they do; and particularly when you think that almost all of these chosen men are teachers in orthodox theological institutions, and depend for their positions, and their living, upon just such opinions, you cannot think it strange that these men write as they do. I could choose similarly from liberal ranks, and get just the kind of testimony that I might want, and as much of it as I might want.

But please notice this: After choosing these men from orthodox ranks, as above mentioned, yet the editor has to say in bold face type on page 328: "The great majority of those who replied have so declared themselves." So you see, even then the editor has not gotten, by any means, a unanimous verdict. But please notice this also: He does not publish any testimony that is not to his liking. Do you think that is honest journalism? Since the doctors have been discussing religious topics in THE MEDICAL WORLD, if I had wanted to, I could have done just as this editor is doing, and made it appear that all doctors are liberals in religion; but instead of that, I have suppresst nearly all the letters that were in my favor, and publisht the ones that were against me. So you see I have not only been fair, but *over* fair; while the editor of *The Sunday School Times* is not fair at all. I will leave the judgment of this matter to you. Very sincerely, C. F. TAYLOR.

The correspondence consists of two more letters from Dr. Cannon and one more from me; but as they are all quite lengthy I cannot introduce them here. Dr. Cannon does not think that early teachings and one's occupation from which he gets his living influence his opinions; but we all know that they do; however, not necessarily dishonestly. With most people, opinions are molded by early teachings and long continued environment; and with most

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII OCTOBER, 1910 No. 10

Patronize Your Printer.

No dignified physician will wish to advertise; but that does not mean that physicians shall not use printers' ink. A judicious use of printers' ink will *add* to the dignity of a professional man. Every business man has need of the printer; and so has the high class professional man. Go to your printer and have him make for you the highest class printed or engraved stationery in his power. Not colored or flaring, but neat and dignified. Many people judge a professional man by his stationery. Then have billheads printed, using some of the models that have appeared in THE WORLD during the past few years. Consider having them printed on paper of different colors, as was suggested by a brother some time ago, and send the first on white paper, the next on pink, then on blue, etc.; and have some appropriate notices printed on them, samples of which have frequently appeared in THE WORLD. And lastly, do not forget to have a series of collection letters printed, as suggested, with sample drafts, in our Business Talks last winter. We will present another set of drafts, which can be dated and used any time, if desired. Thus your printer can help you in your business very effectivly. Patronize him.

Cosmetic Surgery an Interesting Specialty for the General Practician.

The majority of general practicians do too little general surgery. Many of them are quite as well equipt by education for the work of general surgery as are many men when they receive their appointment to the staff of some general hospital, where they afterwards very acceptably fill the chair of staff surgeon. They are conscious of the difficulty of securing absolute asepsis, and have permitted themselves to be scared by this bugaboo from attempting anything whatever in the surgical line. Absolute asepsis is not attainable by any man, in a hospital or out of it. The nearer one can approach it, the better his results will be, of course. Yet men in the backwoods, crossroads, and mountains are today doing surgery and getting results comparing favorably with the records shown by the city hospitals, if one give *any estimate whatever* to the difference in facilities.

We do not advocate opening the skull nor the abdominal cavity under circumstances where it is doubtful if you can get clean water or anything in which to boil it, and where it is certain that you cannot get light if it be after night, but many a laparotomy and many a cerebral operation has been done under just such conditions. No doctor is excusable if he permits his patient to die in an emergency for lack of surgical

Digitized by Google

operation, whatever be the conditions or whatever be his lack of experience.

These things being indisputably true, and it being also true that the incomes of nearly all general practicians have been dwindling on account of the broadening scope of the hospitals, any specialty which promises much to the doctor in general practise should be of vital interest to him. There is a new specialty now being developt in which the general practician has every chance to take at least an equal plane of advantage and prestige with his city brother or his hospital confrere. We refer to cosmetic surgery, where a possible error in asepsis is not often dangerous to life, and where the country doctor can obtain a more likely approach to this desirable condition of absolute asepsis because of the fewness of the instruments involved and the freedom from the necessity of having assistants to help in the operation. Every doctor in a small town or in the country knows many people who have some little disfigurement, and who would give almost any price to have it removed, yet who do not believe and do not know that such things are being done every day now with results which even expert general surgeons would not have credited a few years back. These people would readily become the patients of their family doctor for the removal of their particular disfigurement, and would cheerfully pay handsomely for having the work done, if they knew it was being well done under local anesthesia.

We do not advise that any one begin with difficult operations on large nævi, prominent lips, and protruding nasal bones; but we do say that if a doctor would let it be known that he could remove a large wart without leaving a nasty scar, that he would soon develop the skill to undertake larger and more difficult operations. Any doctor ought to be able to do this, but few of them are; if consulted on such a little operation, they would advise burning it off with some powerful caustic agent, or cutting it off, with a probable ugly scar resulting. The laity realizes this, and do not seek these consultations, much as they desire to be rid of their little deformities. The doctor who has been removing ordinary warts with pure glacial acetic acid for any length of time, without disfiguring scar remaining, and with no pain or inconvenience to his patient, is already realizing that more difficult cases of cosmetic surgery are seeking his skill without his having put forth any effort to encourage this class of work. If such men will devote some of their time to developing skill in this line of work, and let it be known that they are doing so, and claiming credit for it and ability to do much more skillful operating than formerly, and that they expect to be paid handsomely for it, they will soon have a specialty developt for them that will pay them many times what they can get for "trips" or confinement cases at $5 to $15 per case.

The man who furnishes the glacial acetic acid and tells the patient what it is, and who charges 50 cents for "the advice and medicin," will never make this success. The man who refuses to tell his methods or agents employed, and who insists upon the patient coming to the office for the applications whenever he is within reasonable traveling distance, can. We merely use the wart as an example of the ease with which such things can be done. Many a man, following our advice, is to-day getting $5 to $20 for this kind of work, which only takes an instant for each patient (if the method of local application be followed) daily, or perhaps twice a day for purposes of hastening the cure. Just compare the wear and tear on the bodies of the two men, and their time expended, and the responsibility involved; and then look at the financial returns. There are quite as many of these warts waiting to be removed as there are babies waiting to be delivered. Think about it for just a few minutes. The wart is only one example, and there are *hundreds* of others waiting to be turned into money for the doctor who has the foresight to go after it. There are nævi, moles, ingrowing toe nails, illy placed teeth, pimples and "blackheads," acne, red noses, prominent ears, protruding lips, puffy eyelids, deformed or too amply proportioned noses, chloasmata (liver spots), wrinkles, chilblains, bunions, removal of tattoo marks, removal of powder stains, treatment of obesity or deficient flesh or local deposits of adipose tissue, removal of wens, cutaneous horns, local and general baldness, improvement to be desired in the gloss or growth of the hair, and, as we said, hundreds of other just as common deformities to be treated. Compare these that you can recall among your clientele, with the number of confinements you have attended in the last five years, or the number of cases of typhoid fever (very few have yielded you

Digitized by Google

more in cash for perhaps forty long drives than you could easily get for one simple operation or a few instantaneous applications). Reflection will cause a number of bright men to "take notice."

Let no one think that he can develop this specialty in a few hours of study or develop and perfect his skill in a few operations. Let him not imagin that he can get his information from his ordinary text-books, even if they be of the latest date. Specialists who make successes have always, or nearly always, been general practicians for many years before beginning their special work; then they have devoted time to foreign study or post-graduate work before establishing themselves. What we want to make emphatic is that you can develop this specialty right at home and while you are continuing your general practise. There are no post-graduate schools for such little things as cosmetic surgery, but there are good men taking it up in large medical centres, and there are books being publisht which will be of help to any one interested. We cannot attempt to recommend any special book to the man who hopes to be a specialist of more than mediocre skill by adding a single book to his library. We cannot recommend any book on this subject. All we can say is, if you intend taking it up in earnest, get every book you can, as other specialists do. The following publishers, or any others, will furnish information about such books: Paul B. Hoeber, 69 East 59th Street, New York City; W. B. Saunders Company, Philadelphia; P. Blakiston's Son & Co., Philadelphia; The Macmillan Company, Fifth Avenue, New York, N. Y.; Funk & Wagnalls Company, East 23d Street, New York City, etc.

Hookworm Disease.

Altho hookworm disease is afflicting hundreds of thousands of our citizens, male and female, old and young, thruout all sections south of Virginia, as now known, and as many cases have been reported far north of this section, it would seem that a universal interest in the subject would have been aroused among the profession, especially as to diagnosis and treatment. Such has not been the case. Many of our capable physicians would not be able to recognize a case if they had one consult them, or, what is of vastly more importance, *to recognize a case which does not consult them or any one else.* This indifference is due to a number of causes; one of which was the way in which hookworm disease was "exploited" by a certain class of medical journals when it was first discovered to be endemic in the United States. These journals, always ready for the sensational in medical journalism, as opposed to the practical, edited by men who do not practise medicin, contributed to by "authors of authority" (?), who are paid for their stuff by the column, or who are specialists without general experience in actual practise, flooded their space with long articles of stuff rehashed and rehashed from other journals till it had lost all semblance of its original import, and which disgusted the reader after it had been read by him a few times in various issues. Many text-books were issued containing like articles. All of this without any actual practical knowledge of the subject upon which the authors were writing. The intelligent general practician soon formed the opinion that hookworm disease was only found in the South, and that it was to be treated by thymol. Knowing the treatment, and learning that it was manifested by a symptomatology comprising "anemia of markt type with progressiv weakness," and feeling that he was out of the latitude of the affection, he naturally determined to waste no more time in its consideration.

The time has arrived now, however, when we want to bring this matter to the attention of our readers in an emphatic manner. Enuf has been learned to teach that much of the matter publisht was erroneous and misleading; that hookworm disease is not limited by latitudinal lines; that all hookworm carriers are not notably anemic and weak; that any of us may see cases any time; and that the knowledge we now have teaches us that we are only in the early stages of the information we must have to prevent this plague from encroaching on all sections of (at least) temperate climes; and that it is the duty of every practician of medicin to inform himself upon this matter so that he will be capable of recognizing, reporting, and treating any case that appears in his neighborhood. A book has been publisht by men who have been born and reared in infected regions, and who practise there now, and who have studied the matter practically for years, and who are capable of teaching all of us how to prepare ourselves to meet this danger intelligently. This book is within the reach of all, selling at $2.50; it will be re-

Digitized by Google

viewed in this or next issue. We will also give an article based on the text of this work which will give the salient points of diagnosis and treatment, with as much of other matters of interest relating to the matter as our space will admit.

Business Talk to Doctors.

Is there a doctor in this broad land who has not been importuned by circulars, letters, pamphlets, etc., to buy a tract of land in Florida, Texas, California, Mexico, and possibly other parts of Mother Earth which have not yet been crowded by Adam's children? This method of fishing for the dollars of doctors seems to have succeeded the allurements of gold mines. A large tract of land of some thousands of acres is secured at from $2 to $5 per acre, and then it is cleverly written up and offered in tracts of from 10 to 40 acres at from $20 to $30 or upward per acre. There's money in it, if it works. Usually the tract is not purchast, but only bargained for; and before the first payment comes due, sufficient money comes in from sales to make the first payment. Often the cost is less than $2 per acre wholesale; and always the advantage is offered to pay the retail price in easy installments.

Suppose the tract consists of 10,000 acres; and suppose the profit to the promoter is $20 per acre. Here is a clear profit of $200,000 on the deal. And if the tract is purchast in sufficiently easy payments, no capital is required to push the deal thru (except possibly for advertising at the beginning), for the payments on the purchase of the tract can easily be gotten out of the early installment payments—if the proposition "goes." I have incidentally learned of tracts of from 7,000 to 98,000 acres that are waiting for the exploiter, and can be purchast at from $2 to $5 per acre, and I haven't been looking for such "opportunities." Go to any of our large and sparsely settled states and you can find cheap land without end waiting for purchasers.

It is possible to render a real service to purchasers, and hence *earn* a legitimate profit in a plan of the following kind: Where large capital must first be expended for irrigation, drainage, or other development, and where sales are made to actual settlers, the interests of the retail purchaser may possibly be actually served. But are not the immense profits the motiv and chief concern of the promoters, whatever may become of the retail purchasers after the operation is closed out? And is it not plain that, at best, this kind of an investment is not one suited to doctors? Unless a doctor wants to quit practise and engage in agriculture, he must stay where his practise is. And as few doctors want to leave their practise, we can see that a large tract sold out in small plots to doctors would not prosper, for the doctor owners would be non-resident, except in very rare instances, and who would work the land and build up the community? So for this and other good reasons I have never consented to advertise such a scheme; and this is sufficient to condemn any company or firm endeavoring to sell to doctors or other non-residents. If they do not care to whom they sell, they do not care for the success of the enterprise, except to sell out and get their own profits.

❧ ❧ ❧

Lately I have been clearing up, and have come across some speculation literature of various sorts three or four years old. I have been writing to some of the companies, asking them how they have been getting along, how many dividends they have paid, the present value of the stock, etc. This was only a few days ago, so I have received only a few replies; but so far not one has shown any realization of the promising prospects set forth in their literature three or four years ago. You can do the same thing. File away the speculation literature that comes to you, and after a few years write and find out if *any* of the schemes have made good. Aren't you glad that none of your money went into them? And don't put any money into such things now, to regret it a few years hence. Plantations of various sorts in Mexico, Cuba, etc., were exploited several years ago. Are any of them prosperous to-day? However, I know of an irrigation enterprise in eastern Oregon, projected a few years ago, that was *real*. Doctors heard nothing of it. They wanted farmers, and I guess they got them, and I think it is going along all right. I think the farmers were to pay for their land chiefly after they had made the money from the land. But the speculators above referred to do not offer anything of that kind. They don't care whether their patrons ever make anything out of the land or not.

Digitized by Google

Related to the above is the following, from a Canadian brother:

EDITOR MEDICAL WORLD:—As an old subscriber, I take the liberty to inquire: Do you know anything of the "Shanmont Estate" as a real estate proposition? The property is situated on Long Island suburban to Greater New York. Many have been canvassed on behalf of this venture, with a view to the increase of value of lots consequent on the rapid and marvelous outgrowth of this great city. Your "Business Talks" have been most interesting, and your hints have been most timely. Many of us have to confess that slackness in our bookkeeping and collections have been among our most ruinous besetting sins.

Another bunch of letters comes from a brother in New York State, who was importuned to buy lots in southern California. The same principle applies here. The efforts of these people to sell lots to non-residents indicates that they want to "unload" at a profit, regardless of the interests of the purchaser. A real estate seller who has any interest in the community will sell only to prospectiv new residents, and not to distant and non-resident investors. Real estate values are not made by non-residents, but only by residents. So beware of any scheme which seeks to make you a non-resident purchaser of real estate; for if other lots or tracts are similarly sold to other non-residents, your "speculation" can never come to anything and you will lose your money. The moral of all this is, to make your real estate purchases *at home*, unless you can be exceptional in being the *only* non-resident purchaser, and this you can never be sure of. And how can you expect to be a successful long distance real estate speculator when there are always plenty of professional real estate men on the spot to grasp any real opportunity? Long distance speculating is always hazardous. Better keep your money at home. I have other distant real estate propositions before me which are "disht up" in a very tempting way, which I need not discuss individually. If what is said above is not sufficient to save a doctor's money, many more pages of argument would do no good.

Building and Loan Associations.

This leads to a consideration of building and loan associations, mentioned last month. Dr. Robinson comes again with the following illuminating letter:

SILVER CREEK, NEB., SEPT. 11, 1910.

EDITOR MEDICAL WORLD:—From your comments, and inquiries I have received on my article relativ to building and loan associations, I am of the opinion that they are not as generally understood as I supposed they were. Believing them to be the best and safest means ever devised to enable a poor man to obtain a home of his own, or permit a man of small earnings to accumulate a nest egg, by your permission I will explain something of the manner in which they are conducted, and in this explanation answer the questions I have had put to me.

Building and loan associations are essentially home-building concerns, mutual in character, chartered by the state and under its supervision according to the state banking laws. I shall speak only of Nebraska, as I am not familiar with those of other states. There are many in this state, some entirely local, others doing a general business. The Occidental, of Omaha, and the Nebraska Central, of Lincoln, are the ones I have held stock in, and I think any one could patronize them, no matter what state he lives in, but I am not sure of this. Any number of persons can organize by complying with the state laws. They then elect a president, vice-president, secretary, and treasurer; also a board of directors. Each member then has issued to him as many shares as he feels he is able to pay on, or cares to take. New members can come in any time; and, in fact, the permanent organizations send out solicitors to obtain new members.

Dr. Zahlman, of Melrose Park, Ill., asks, "How can building and loan associations pay 8 or 10 per cent. when they loan money at 6 per cent.?" I imagin the Doctor thought he was handing me a hard one when he fired in that question; but it is easy. I can answer it in two words: *They can't.* They are not banks or loan and trust companies simply loaning money at a fixed rate. They loan only to their members. Suppose I take out 10 shares, or $1,000, and many others take a larger or smaller amount. We pay 60c. per share monthly; therefore I pay $6 per month. A goodly sum is soon in the treasury. I want to borrow $1,000, build me a home, and stop paying rent. I borrow $1,000. Now I pay 70c. per share additional—70c. per share per month for 12 months, which equals 8.4 per cent. yearly. Instead of paying $6 per month, I now pay $13. Experience has proved that the average time of maturing stock is about 9 years. In 9 years I pay in $1,404. I have saved my rent, say $8 per month, all this time, which equals $864; so that my house has really cost me $540.

So much for the borrower; now the investor. When I borrowed my thousand dollars I immediately began paying it back and kept on doing so every month till it was all paid; therefore I did not have $1,000 for 9 years. I had half of it for 9 years, or all of it for 4½ years. If I had kept on paying 8.4 per cent on $1,000 for 9 years and only had in reality $500 for the full time, I must have paid 16.8 per cent. for my money. More than that, as soon as I pay a month's interest, and a lot of others do the same, it is loaned again and again, many times over, compounding as often as loaned. If I do not borrow, but pay my $6 monthly, my money helps to build somebody a home or buy one, as the case may be; and as we are all paying to ourselves, we all, borrower and investor, share pro rata in the accumulations. A dividend is struck quarterly or semi-annually after all ex-

Digitized by Google

penses are paid, and the surplus accredited to each share; to the borrower to reduce his indebtedness, to the investor to swell his profits. Now, Doctor, can you see it? I think this answers about all questions.

Building and loan associations are the only double-acting financial propositions I have ever discovered that will work both ways, helping equally the borrower and lender. The only man who will fail to profit will be the one who grows weary in well-doing and draws his money out before maturity; or if the borrower fails to pay, the mortgage, which he always has to give, will be foreclosed the same as in any other business. I do not claim that I have given the exact method or exact figures, but they will approximate and illustrate the principle.

W. C. ROBINSON.

A Voice from New England.

NEWPORT, N. H., Sept. 4, 1910.

EDITOR MEDICAL WORLD:—Referring to Dr. Robinson's article on page 370 of the September WORLD, in regard to building and loan associations, I wish to say they are not always conducted on sound business principles. Some ten years ago or more I belonged to two different ones which promist great returns. After paying in for a few years they both "went up in smoke." One was a total loss. The other paid back a small per cent. on what was paid in. I think this one had headquarters in Cleveland, Ohio. The other was somewhere in the middle West, I have forgotten the exact locality.

There can be no better advice than that given in THE WORLD, to make your investments near home where you can see them at any time you wish. I think, Dr. Taylor, you have done an inestimable amount of good by your Business Talks, Monthly Talks, Equity Series, and your many other publications on political economy.

D. M. CURRIER, M.D.

A Voice from Kansas.

Building and loan associations are one of the safest and best means of saving money that I know anything about; more especially local ones. Foreign associations have not proven so reliable out in this section of the country, and most persons who have put money into them have lost out, in whole or in part. Stick to your home association and you are safe; but I could not advise any one to try foreign ones; they may be all right, but it is risky.

I have had 25 years' experience with our home association and always came out with 10 per cent. or better. I could get my money from the association on 30 days' notice with 6 per cent. any time, but I did not do it that way. If I needed money, the banks, any one of them, would loan me what I wanted and hold my stock as security, returning it to me when I paid the loan; so my building and loan stock was better to me than money, as it paid interest all the time while it was held by the bank. Stick to your home association, the one managed by your own townsmen, and there is very little liability of loss. Don't look for too high a rate of interest, as first-class loans do not pay the highest interest anywhere. Keep your principal safe.

DR. M. E. JOHNSON.

Pittsburg, Kan., Sept. 8, 1910.

A Voice from California.

EDITOR MEDICAL WORLD:—Your Business Talks have been very interesting and, like yourself, I have wondered why the building and loan method of saving has not been mentioned before this. You will find these associations all over the country.

In California building and loan associations are subject to examination by the State Board of Building and Loan Commissioners, who publish a report of their operations for the year. A well-managed building and loan association is a safe place to invest small sums, and I have been placing from $12 to $24 a month in them for 18 years; have matured several thousand in this way.

They make their money by loans on real estate, and if their appraiser is incompetent or dishonest, loans beyond the value of the property will be made. Foreclosure will result, and the association becomes overburdened with real estate which has cost them more than it will sell for. Look over their statements carefully, and if among their assets you find much real estate, it is a fair conclusion that they have not used due care in selecting their loans.

I find that the sixty-cent stock ($6 a month for 10 shares) matures in a little more than 9 years. This seems like a long look ahead; but after paying $6 per month for that time and you get a check for $1,000, it seems like "getting money from home." Some associations also issue forty-cent stock, which takes longer to mature; and $1 stock, which matures much sooner. They also issue full-paid stock or certificates in amounts of not less than $100, on which they pay 5 or 6 per cent. Building and loan stock is not taxable in this state. The full-paid stock certificates have semi-annual interest coupons attacht the same as a bond. They run from 7 to 10 years, but can be withdrawn after 30 or 60 days' notice.

Do not use endowment life insurance for an investment. Take a straight life policy for protection, and put the rest of your money in building and loan associations for investment, and you will come out way ahead.

W. V. NICHOLS.

Oceanside, Cal., Sept. 7, 1910.

It is a well-known fact that financial institutions, when well managed, make money rapidly. Banks and trust companies make money for their stockholders; building and loan associations make money for their members. It is mutual banking. When the power of interest, compounded, was shown to Napoleon, as illustrated by one cent at compound interest since the time of Adam, he said that it was a wonder that such a power had not consumed the world. The thing to do is to get that power to work for you. Here is a safe "gold mine" right in your midst.

* * *

A Kansas brother sends us literature from a new insurance company in Seattle, Wash., urging him to buy stock. This company wants to ride to success chiefly on the backs of doctors. Quit bearing the burdens of so many speculativ con-

Digitized by Google

cerns, and invest in local building and loan stock.

A North Carolina brother sends in a bunch of "enteronol" circulars from Oswego, N. Y., and says: "Here it is *again*. Can any one be *dumb* enuf to bite on this?" And a New Jersey brother sends the same, saying, "Not for me." Proceeding, he says:

The stock I have been taking for years with my little surplus is in mortgages on my friends' and neighbors' real estate, when I can and they want it. That is safe and good; but the best and most profitable way is in property to rent, and Building and Loan Association.

I have received some inquiries concerning the Spar Products Co. I went out among the grocery stores to see if I could find some of the "products." Having gone to a number of stores without success, I was about to give it up, when I unexpectedly found them. I ordered a supply sent to my home for trial. The verdict, after trial was, "Nothing extra; not as good as 'Dutch Cleanser.'" An interesting fact I learned from the grocers while making these inquiries was, that since "Dutch Cleanser" was put upon the market, 123 imitation "cleansers" have come out, 124 in all to date, and "more coming." Do you want to put your money into a business in which there is so much competition?

Placard for Hanging in the Office.

Dr. Kent N. Kibbie, of Fort Worth, Texas, knows how to save both his own time and that of others. He has the following in a neat frame of 1½x2 ft., hanging in his office:

TO MY CALLERS.

I never purchase books or magazines from agents. If I can't buy them direct I do not want them.

Don't Solicit.

I want no more insurance and do not care to discuss it.

Don't Solicit.

I do not endorse checks or loan money. Banks loan money and I am not in the banking business.

Don't Solicit.

I have my own plans for collection and do not use agencies and do not expect to.

Don't Solicit.

I want no stock in Gold Mines, Rubber Plantations, Oil Wells, Fruit Farms, etc. The "etc." covers everything else.

Don't Solicit.

Representativs of pharmaceutical houses always welcome.

He says: "The effect of this hanging in my office was so markt that I subsequently added the last paragraf, to make the traveling boys more at ease."

He also says that in two years it has saved him hundreds of dollars. To quote further: "Upon each subject I have been stung for the last time. Besides being a dead fall for many a grafter, it affords much amusement."

This can be neatly printed for you by any typewriter. In the copy before me the "Don't Solicit" is printed in red. This can be done on some typewriters.

* * *

A Pennsylvania brother of unusual discrimination confesses that, "In spite of everything you have said, in an easy moment I listened to the seductiv voice of a collection agency agent, and"—well, it's the same old story, so no use to repeat it. The agent said, "Our method is different"; but the result was the same—no money to the Doctor; and as $1.50 retainer fee for every account had to be paid cash by the Doctor, you see why the agent wanted the Doctor to submit *all* his old and bad claims. For a great deal less than $1.50 per account, the good Doctor could have run a series of collection letters similar to those suggested in this department last winter, and he could have gotten considerable money, and renewed old friendships, which is always a help to one's practise.

I will never be satisfied until I convince every WORLD reader that he can do better with his accounts than any agency can, and at less cost. All agencies use a series of letters. You can get up a better series to suit *your* needs than any agency can. See letter forms in this department last winter. If these do not suit your needs, or if you cannot easily modify them to suit your needs, please write me what your needs are and I will try to get up a set of letters for you which will "do the work," and at the same time they will help others similarly situated. But after all, humanity is about alike all over the country, and doctors' accounts are about alike. So what will suit one doctor's needs is likely to suit the needs of all other doctors. So the letter forms submitted last winter, with minor changes as to time, etc., will do the work for you if you will only have them printed and send them out. No one who has tried them has been disappointed.

Dr. Clinton R. Lytle, of Durham, Kan.,

Digitized by Google

wants us to discuss automobiles *as an investment.* They come under the head of equipment rather than investment. And as a discussion of them is so likely to become commercial (advertising of certain machines), we prefer that those who have anything to say should write it privately to Dr. Lytle instead of to us.

THE MEDICAL MONTH.

Edited by Dr. A. B. Hirsh, 1711 Diamond St., Phila.

The Missouri Valley Medical Association held a successful annual meeting at Council Bluffs, Iowa, September 1st and 2d. Its semi-annual meeting is scheduled for March 23, 1911, at St. Joseph, Mo.

The proposed Dr. Ernst Wende Hospital for Contagious Diseases will be the way that Buffalo, N. Y., permanently honors its distinguisht sanitarian of that name, lately deceased.

The campaign for pure food and drugs is now general thruout the land, according to data collected in this office. As one phase of the movement, Philadelphia pharmacists are united to systematically stop the illicit sale of habit-making drugs. Laymen must be convincingly taught that medical men created this life-saving work thru the Pure Food and Drugs Act—and a nation-wide public opinion now insures its permanent success.

The Amercian Public Health Association held its thirty-eighth annual meeting at Milwaukee, Wis., September 6th to 9th, and elected a representativ body of officers with Dr. Robert M. Simpson, of Winnipeg, Man., as president.

The will of the late Max Bamberger, of Philadelphia, includes a bequest of $400,000 to found a seaside home for invalid women and children at Atlantic City, N. J.

Certificates issued by the Philadelphia health authorities as to the period of protection against variola, thru successful vaccination, give five instead of three years, as formerly. This result, reacht after full study of the subject, bears on admission of children to schools, and will act as a precedent for other communities.

Seven million dollars are devised under the will of John Masterson Burke, of New York, who died in December last, for a home for convalescents.

Saccharin was discovered in Remsen's laboratory here in 1879, its originator having been Dr. Charles Fahlberg, just dead at Nassau, Germany.

The widespread prevalence at this time of isolated cases of anterior poliomyelitis should make physicians insist on necessary prophylactic treatment in their younger patients.

In thirty semi-charitable sanitariums scattered thruout the country a daily average of $1.67 is needed to care for tuberculous patients. Were the 300,000 (estimated) indigent consumptivs of the country provided for by the Government, $50,000,000 would be needed annually, altho the report of the National Association for the Study and Prevention of Tuberculosis claims that the economic loss from these invalids is $200,000,000 a year.

The first annual congress of the American Association for the Study and Prevention of Infant Mortality takes place at Baltimore, Md., November 9th, 10th, and 11th. An extensiv display of articles bearing on the subject will add to the value of its sessions. Information as to the meeting can be gotten by writing to Miss Gertrude B. Knipp, Med. and Chi. Faculty Bldg, Baltimore. All interested in baby-saving are askt to attend.

The action of the Wisconsin Nurses' State Society, in asking that training schools furnish instruction in the nursing of tuberculous patients, is significant. It is time that caretakers in these protracted cases be fully informed as to the risks assumed, and so avoid spread of the infectiv process.

Physicians can materially aid in lessening the present high cost of living by advocating cooperativ buying and by urging the use of healthy food substitutes. Official reports from Egypt speak, for example, of the general use there of a nativ butter made by long boiling together of cottonseed oil, mutton fat, and butter. It is wholesome, palatable, cheap and can be preserved for a long time.

The National Medical Association, made up of colored physicians, pharmacists, and dentists, held its annual session at Washington, August 23d, 24th, and 25th. Hampton, Va., was named for next year's meeting.

Physicians wanting recent data on the subject, so as to silence the ravings of anti-vivisection fanatics, will eagerly follow the anniversary meeting, November 17th, of the New York Academy of Medicin. The program, devoted to animal experimentation, will include addresses by such authorities as Keen, of Philadelphia; Welch, of Johns Hopkins; and Cannon, of Harvard.

The American Electro-Therapeutic Association held its twentieth annual meeting September 13th, 14th, and 15th, at Saratoga Springs, N. Y., much important scientific business being transacted.

Five million dollars represents the trust just executed between the University of Pennsylvania and Henry Phipps, the philanthropist, by which the medical department of that corporation takes over Phipps Institute for the Study of Tuberculosis. Philadelphia thus becomes the national centre of the movement for the suppression of tuberculosis.

The Pacific Coast Association of Railway Surgeons met at San Francisco, Cal., August 27th and 28th. Next year's sessions will be held in Los Angeles, Cal., just before those of the American Medical Association.

Mexico honors herself in the memorial just dedicated at the National Institute for Bacteriology, Mexico City, for the late Dr. Howard T. Ricketts, that distinguished scientist who, while engaged in the study of typhus fever there, fell a martyr to his devotion to the cause of humanity.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Eczema of Ten Years' Standing Cured by Combination Methods.

EDITOR MEDICAL WORLD:—When this patient came under *combination treatment*, about a year ago, the eczema involved face, neck, hands, portions of the trunk, and the legs. The appearance was embarrassing; the itching maddening; restful sleep impossible. He had had courses of drug treatment, internal, external, eternal (10 years), one surgical operation (rectal), x-ray until hair and beard fell out. Had been to Mt. Clemens, Mudlavia, and Hot Springs, for extended courses of treatment, with little more than temporary benefit.

Within two months after coming under *combination treatment* his skin was as smooth as silk, and is so to-day, about a year later. He is perfectly well and knows how to keep well. We charged him for his treatments two dollars each, but gave him the "open secret" of keeping well. He has since told me that had I charged him five dollars per treatment he should consider it cheap.

We used in his case static electricity (the Morton wave current), the electric-light bath, the violet rays, mechanical massage, suitable diet, regulated thinking, the "similar remedy." (Which, by the way, was rhus toxicodendron.)

This case beautifully illustrates the possibilities of *combination methods*. One measure alone would have failed, as they already repeatedly had. The *combined treatment* was eminently successful. There are thousands of similar cases, not necessarily skin troubles, but uncured conditions struggling to get well, and not knowing how or where to find relief.

My reason for reporting this case so fully is to stimulate a broader preparation. It takes years of preparation and equipment to do such work. What I have done any one can do, at home. When you have arrived, instead of looking for "rainy days," you will be looking for "days of opportunity." You will not be afraid of the drugless healers or the fellow of "the other school." Work will be play and life a joy.

RUSSEL C. MARKHAM, M.D.

Marquette, Mich.

A Sample Organization of Local Physicians.

DEAR DR. TAYLOR:—Replying to your request for information respecting the Mannington Medical Society, it gives me pleasure to say that, after some preliminary conversations, followed by a month of repeated meetings, discussing plans, etc., all the physicians of our town and most of those within driving distance in the surrounding country joined in effecting a formal organization on January 2, 1909.

A constitution and by-laws and articles of agreement were adopted after the Duquesne, Pa., society's plan, an information list of dead beats was compiled from the books of all the members, due notice was sent to each of our intention to demand regular payments, and, after June 1, 1909, it became operativ.

A considerable number came in and settled with various doctors before the list became operativ, and others have been settling, or paying on account, off and on, ever since. Night calls, which had become almost a nuisance, have nearly ceased, on account of the double charge exacted for night work (other than obstetrics and accidents); persons with small incomes are now paying something on account almost as soon as services are rendered, and some of the pronounced dead beats have migrated to more favorable fields. We are all charging the same fees and doing little or no stabbing in the back.

All those composing the original society are still members, except such as have moved out of the jurisdiction. Two new men have moved in places formerly held by members, in the country, ten or twelve miles out, who have refused to join us and are doing all the dead-beat work between them and us. Of course they get some pay patients, both among the well-to-do and the dead beats; but they are getting considerable experience that will hardly help fill the larder. One is said to be a pretty good sort of a fellow, and would join us but for

Digitized by Google

the course pursued by his colleague. Time will determine the wisdom or otherwise of their course.

The society meets in business session once a month, and holds an unofficial clinical meeting midway between these sessions.

As to the personnel of the society, we have one lady member—our treasurer; one homeopath; two members who are graduates of the eclectic school; four members dispense; the rest mainly do only prescription work.

We celebrated our first anniversary by holding a banquet at one of the hotels and bringing in a number of speakers and others from different cities of the state—all physicians. Our members are not all enthusiastic workers in the society, and some of our meetings are slimly attended; but in the main, the members work well and attend the meetings better than do the members of the larger organizations. The information list has been violated occasionally, but with due apologies from those doing so. No instance of applied disciplin has been necessary.

In a healthy town of five thousand people, with ten doctors, and a large percentage of dead beats, it became necessary to do something for our financial good, and in doing this we have been benefited socially and professionally, as well as financially. W. R. ANDREWS.

Mannington, W. Va. *Secretary.*

[The doctors in every community should organize for mutual helpfulness and benefit, as the doctors in the above-mentioned community have done. The good secretary inclosed a copy of the constitution and by-laws, and we were about to say that those interested could probably get a copy upon request. But the doctors of every community should be interested; and as THE WORLD reaches almost every community in this country, we here reprint the little book, so as to present a plan and basis of organization to the doctors of every community in the land.—ED.]

Constitution and By-laws, Minimum Fee Bill and Articles of Agreement, Mannington, (W. Va.) Medical Society, April, 1909.

CONSTITUTION.

ARTICLE I.

Title.—This Society shall be known as the Mannington (W. Va.) Medical Society.

ARTICLE II.

Object.—The object of this Society shall be the mutual improvement of its members, professionally and otherwise, the protection of their rights and interests, and the elevation and strengthening of the medical profession in Mannington and vicinity.

ARTICLE III.

Membership.—1. Any practitioner of medicin of good moral character and in good professional standing shall be eligible to election to membership in this Society.

2. Activ membership shall be limited to physicians practising in Mannington and vicinity, whose names shall be proposed by an activ member, and if favorably reported upon by the Board of Censors, and receiving a majority affirmativ vote of those present, shall become activ members after paying a two-dollar admission fee and signing the Articles of Agreement of this Society.

ARTICLE IV.

Fees.—1. An admission fee of two dollars shall be exacted from each new member, which shall constitute his dues for the current calendar year in which he is elected.

2. The annual dues shall be one dollar, payable in advance at the first meeting in January of each year. Any member six months in arrears shall stand suspended until dues are paid in full.

ARTICLE V.

Officers.—The officers of this Society shall consist of a president, vice-president, secretary, treasurer, and a Board of Censors. Election of officers shall occur in January of each year. One censor shall be elected annually for a term of three years, except in January, 1909, when there shall be three censors elected for one, two, and three years respectivly. The president, secretary and treasurer shall constitute the executiv committee.

ARTICLE VI.

Duties of Officers.—1. The president shall preside at all meetings, keep order and decide all points of law, sign orders on the treasurer, in connection with the secretary, and perform such other duties as usually pertain to the office. He shall appoint all committees not otherwise provided for.

2. In the absence of the president the vice-president shall preside and perform the other duties of president; in the absence of both president and vice-president, the Society shall elect a president pro tem.

3. The secretary shall keep true and accurate minutes of all meetings, and conduct such correspondence as the Society may direct. He shall draw all orders on the treasurer, which orders shall also be signed by the president. He shall notify members of their election and committees of their appointment. He shall send out to each member due notice of all special meetings of the Society. He shall furnish each member with a copy of the INFORMATION LIST, and each month shall advise each member of any and all additions thereto or erasures therefrom; and perform such other duties as usually pertain to the office.

4. The treasurer shall receive all moneys of the Society and disburse the same, as directed, by warrant signed by the president and secretary. At each annual meeting he shall present a written statement of the financial transactions of the Society during the preceding year and of the then present condition of the treasury.

5. It shall be the duty of the censors to inquire into the character and standing of all candidates for membership and to report on the same at the next meeting of the Society; to investigate, upon request, any disagreement which may occur between members and to use their best offices to restore harmony. It shall be their duty to investigate all charges against members, in accordance with Article VIII of this constitution. They shall also serve as auditing committee and shall examin and report upon the treasurer's accounts annually.

6. Executiv committee shall have general supervision of the affairs of the Society in the interim of meetings and administer all of its affairs not otherwise provided for. This committee shall provide a program for each regular meeting of the Society. It may, when it deems advisable, invite a physician or other notable person, not a member, to address the Society at any regular or special meeting, provided no expense is thus incurred, unless such expense is directed by the Society.

ARTICLE VII.

Editorial Committee.—The president shall appoint three members to act as an Editorial committee, whose duty it shall be to prepare for publication, or to give out, any information, for publication, and to look after the printing ordered by the Society.

ARTICLE VIII.

Charges.—1. Charges for violation of the Articles of Agreement, or the constitution and by-laws of this Society, or other rulings of the Society, or for unprofesional or unethical conduct, shall be presented in writing to the Board of Censors, who shall immediately notify the accused of the nature of the charges, and shall in-

Digitized by Google

vestigate the same promptly and report the facts to the Society, having previously notified the accused to appear before the Society when the case is to be considered.

2. The Board of Censors shall advise the secretary as to when the case shall be reported, and he, in turn, shall notify the membership previous to the time of meeting. A two-thirds vote, with two-thirds of the membership present, shall be necessary to dispose of the case.

3. If three months shall elapse without the appearance of the complainant, or should the Society fail to act within this time, said charges shall be dismissed by default.

ARTICLE IX.

Withdrawals.—No member can withdraw from this Society while in arrears for dues, or against whom charges are pending.

ARTICLE X.

Meetings.—The regular meeting of this Society shall be held on the second Thursday of each month; from May to November, inclusive, at 3.30 P. M.; from December to April, inclusive, at 2 P. M. The presence of five activ members shall constitute a quorum for the transaction of business.

ARTICLE XI.

Amendments.—All additions or amendments to this constitution shall be presented in writing, signed by three members of the Society, and be read at a regular meeting, the same to lie on the table for one month before being acted upon, and shall require a two-thirds affirmativ vote of the members present for adoption. Notice of such pending amendment shall be sent to each member by the secretary prior to the meeting at which it is to be acted upon.

BY-LAWS.

Order of Business.—

1. Roll Call.
2. Reading Minutes.
3. Introduction of New Members.
4. Unfinished Business.
5. Reports of Officers and Committees.
6. Report of Censors.
7. Election of New Members.
8. Communications.
9. New Business.
10. Proposals for Membership.
11. Payment of Dues.
12. Presentation of Cases.
13. Reading and Discussion of Papers.
14. Miscellaneous.

ARTICLE II.

Amendments.—The by-laws may be amended by a majority vote at any regular meeting.

FEE BILL.

In Office.—

Prescription (without medicin)	$ .50
Extra charge for medicin furnished.	
Physical Examination (limited)	1.00
Physical Examination (general; no laboratory work)	2.00
Certificate furnished, added charge	.50
Bi-manual Examination (without subsequent treatment)	5.00
Bi-Manual Examination and initial treatment	3.00
Subsequent vaginal and uterin treatment	1.50
Chemical Urinalysis	1.00
Microscopic Examinations	5.00
One Vaccination (with re-vaccinations if "no take")	1.00
Multiple Vaccinations (three or more) each	.50
Disability Certificate	1.00

Out-Work.—

All distances for Mannington doctors to be reckoned from B. & O. depot. For others, from each doctor's office.

Visits within city limits to ravine west of cemetery, and to include Brookside	1.00
Extra charge for medicin furnished, minimum	.25
Outside of city limits and within one mile of depot	1.50
Jericho	1.50
Homewood	2.00
Two miles from depot, and not on car line	3.00
In country, by road, 3 miles or over, per mile, one way	1.00
On car line, if cars running, per mile, one way, added to city fee	.50
For all members in country, by road, over two miles, per mile, one way	1.00
Night visits, when not over three miles, double fee.	
Night visits, when over three miles, one-half extra fee added to day rate.	
City calls received after 10 P. M. and made before 7 A. M., and country calls received after dark, shall be considered *Night Calls.*	
Visits to contagious cases, such as scarlet fever and diphtheria, double fee.	
Consultations (plus mileage if in country)	$5.00

Obstetrics.—

Natural delivery, within one mile, lasting not more than six hours from time of first visit	10.00
Each additional hour	1.00
In country (with no after visits without charge) plus mileage	10.00
Delivery of placenta only, same as obstetrics.	
Use of forceps, turning, twins, added to regular rate	5.00
Abortion and miscarriage, regular obstetric rates.	
Consultant's fees and other assistance, extra.	

Surgery and Gynecology.—

Uterin cureting	20.00
Administering anesthetic (plus mileage if in country)	5.00
Amputation of finger or toe	5.00
Amputation through hand or foot	20.00
Amputation through forearm or leg	50.00
Amputation through arm or thigh	75.00

Reduction of Dislocations.—

Finger or toe	3.00
Jaw	10.00
Knee, elbow or shoulder	15.00
Hip	50.00

Setting and Dressing Fractures.—

Finger or toe	3.00
Colles'	20.00
Forearm	20.00
Arm or clavicle	15.00
Ankle or leg	25.00
Femur	30.00
Jaw	20.00
Patella	25.00
Rib	5.00
Setting a compound fracture same as amputation of the part.	
Removal nasal polypus	10.00
Plugging anterior nares	1.50
Posterior	3.00
Ligation of arteries	5.00
Incising abscess, without anesthetic, including dressing	1.00
Same, with local anesthesia	2.50
Same, with general anesthesia (plus anesthetist's fee)	5.00
Reducing hernia by taxis	5.00
By operation	50.00
Paracentesis	10.00
Plaster of Paris dressing	$3.00 to 10.00
P. of P. jacket	10.00
Passing sound or catheter through urethra	1.00
Tapping hydrocele, first time	5.00
Subsequent tappings	3.00
Tapping and injecting same	15.00
Injecting hemorrhoids	$3.00 to 10.00
Operating fistula-in-ano	25.00
Fissure	5.00
Reducing phimosis or paraphimosis, by manipulation	3.00
By operation	10.00
(Plus anesthetist's fee, if any.)	
Removing ingrown toe-nail	3.00
Fish hook	1.50
Needle	3.00
Administering diphtheria antitoxin (plus visiting rate)	1.00
Irrigating bladder	1.50
Accompanying patient to hospital or being present at operation	10.00
(and expenses.)	
As in *obstetrics,* consultant's fees and assistance, extra.	

Venereal.—

Syphilis, in advance, per month, for first six months	5.00
Succeeding treatment, in advance, quarterly	5.00
Extra for medicin furnisht.	
No single treatment for less than	2.50
Gonorrhea, acute, in advance, for first four weeks	10.00
Continuous treatment thereafter, per week	2.00
Extra charge for medicin furnisht.	
Special treatments, extra charge.	
No single treatment for less than	2.50

Digitized by Google

ARTICLES OF AGREEMENT.

Agreement made between the Mannington (W. Va.) Medical Society and the members thereof, as follows:

We, the undersigned members of the Mannington (W. Va.) Medical Society, of the town of Mannington, State of West Virginia, hereby agree and bind ourselves, subject to the penalties named herein:

1. Each member shall submit to the secretary of this Society the names of all persons who have refused or persistently neglected to settle their accounts with such member for professional services rendered. Accounts upon which nothing has been paid for six months or more, after the rendition of regular quarterly statements; and older accounts where the payments are inconsistently small in proportion to the patient's known ability to pay shall be thus classified, provided service has been rendered such patients during the time covered by the Statute of Limitations.

2. The names submitted as per Section 1 shall be arranged alphabetically by the secretary and a permanent record made of the same in a book kept for that purpose, and shall be known as the INFORMATION LIST. A number shall be appended to each name in the list, which shall represent the name of the member reporting the same. Each member's number shall correspond to the order in which his or her name is signed to these Articles of Agreement.

3. Every member of this Society shall be furnished a copy of the INFORMATION LIST by the secretary. All names reported shall be added or removed as reported.

4. After ninety days from adoption it shall be the duty of each member of this Society to inform any person whose name appears on the INFORMATION LIST applying to him for professional services, that he or she owes an account to him for professional services, that he or she owes an account to the physician or physicians reporting the name, which must be adjusted before any professional service can be rendered said person. Exception to this rule can be made as follows: Any member of this Society may have the privilege of attending any case of accident or poisoning at his own discretion; or, in any other cases of emergency any member may render immediate professional aid if he is paid cash in advance for the same, pending the applicant's satisfactory arrangement with the physician or physicians reporting the name to the society.

5. The person so reported shall make application to the physician or physicians reporting his name, pay the amount due, or make satisfactory arrangements for the payment thereof. Then it shall be the duty of the physician reporting such person to issue a certificate, on the form prescribed by the Society, certifying that he has paid the account, or has made satisfactory arrangement for the payment of the same. In this event, it shall be the privilege of any physician to whom said person may apply and present said certificate, to render medical services.

6. In the event of the person receiving the certificate of satisfactory arrangement for settlement of his account failing to comply with his agreement made in order to receive said certificate, the name shall again be placed on the INFORMATION LIST, and each and every member of this Society shall refuse absolutely to render further medical services until the terms of said agreement have been complied with, or a new certificate issued.

7. The following form of certificate shall be used for the purpose set forth in Section 5:

CERTIFICATE OF THE MANNINGTON (W. VA.) MEDICAL SOCIETY.

This certifies that Mr. .....
has this day agreed to settle his account of $..... by making payment on the.....dav of each and every.....until said account is settled in full.
.....M.D.
Date.....19....

8. It shall be the duty of each and every member of this Society to render statements to his patients on the first of January, April, July and Ootober of each year. Privilege is hereby granted to render more frequent statements, if desired.

9. It is compulsory upon each and every member of this Society to comply with the conditions of the constitution and by-laws and of these Articles of Agreement, and to not charge less than shall be set forth in the minimum fee bill of the Society, and upon conviction by the Society, as provided for in Article VIII of the constitution, of the violation of any condition of these Articles of Agreement, said member so convicted shall be fined for each offense not less than five dollars nor more than ten dollars, as the Society may elect. Failing to pay into the Society such fine as imposed within thirty days said member shall be expelled from the Society.

For unprofessional or unethical conduct, or violation of the constitution and by-laws, or other rules of this Society, any member may be reprimanded, suspended or expelled as provided for in Article VIII of this constitution.

An activ and efficient secretary is the life of any organization. Here is a circular letter from the secretary, which shows how they do it:

MANNINGTON, W. VA., Sept. 8, 1910.

DEAR DOCTOR:—Since my last circular there has been a revised issue of the Information List. Some familiar names have disappeared—mostly by settling up; a good many out-of-town names are yet carried; some names without initials are also still carried—for what they may be worth as warnings. Some of the errors of the old list have been eliminated, but I find there are a number still retained. These errors are, in part, clerical and often the fault of the reporting physician. Please look your new list over carefully and advise me of all errors you discover. Kindly correct this list every time you receive a circular, so as to avoid the confusion some experienced with the first issue.

[Here is inserted the list, which, of course, would be of no interest to our readers.]

Owing to several members being out of town, no business meeting will occur to-day. The next meeting will be a clinical one of much interest—September 22d—on which occasion the general subject of Tuberculosis will be taken up—to run thru two or more meetings.

Let every one come prepared to take part in the discussion.

Attention is called to amendment of fee bill in obstetrics, prescribing a total of six hours' attendance within one mile as maximum service for $10. Usual mileage added. Extra compensation to be left to judgment of physician, instead of fixt amount heretofore Same applies as to after visits.

Hour of meeting for entire year has been made 3.30 p. m.

Secretary desires to call attention of members to information reaching him to effect that Dr. Vaughan, of Joetown, is activly arrayed against our Society, and probably carries his colleague, Dr. Chapman, with him. I suggest some kind of action at the October meeting, defining our attitude toward the Doctor in question, so we will all stand together in the matter.

Sincerely yours, W. R. ANDREWS,
Secretary.

And here is the announcement of the program of the meeting above referred to. The doctors of every community can do for themselves and their profession what the doctors of Mannington, W. Va., are doing.

MANNINGTON, W. VA., Sept. 19, 1910.

DEAR DOCTOR:—The Mannington Medical Society will begin its fall work on Thursday, September 22d, at 3.30 p. m., with the following program:

"Early Signs and Symptoms Warranting a Diagnosis of Pulmonary Tuberculosis," C. H. Ice, M.D.

"Differential Evidence of Acute General or Miliary Tuberculosis," W. R. Andrews, M.D.

"Tuberculosis in the Child: Predisposition and

Frequency (?); Signs and Symptoms; Prognosis as Regards Relativ Value of Treatment," W. J. Leahy, M.D.

"Technique of Practical and Reliable Diagnostic Methods in Tuberculosis," U. H. Debendarfer, M.D.

This meeting will be the first of a series on Tuberculosis. It is intended that all papers shall be of an every-day, practical nature, devoid of text-book dryness. No member can afford to miss any of them. At the first meeting it is expected there will be some out-of-town visitors, so it is hoped none of our members who can come may be absent. Very truly yours,

W. R. ANDREWS,
Secretary.

Tape Worm.

EDITOR MEDICAL WORLD:—In answer to "Missouri Doctor," in September WORLD, page 393, would say I have had some experience with tape worm. About two years ago I was called to see a German boy 11 years old; very thin and nervous. The father said that two doctors in Texas had made an effort to get the worm and failed; also two doctors here in this county had failed to get it. I had the parents to starve the boy for three days; gave him only a little sweet milk. I then gave the father 1 dr. of oleoresin of male fern, and directed him to administer 15 drops at 11 o'clock a. m. on the third day on sugar, and continue 15 drops every hour, and I would be there at 2 p. m. At 3 I gave him two tablespoonfuls of salts in half a teacup of warm water. In half an hour he passed 25 feet of worm, head and all. There was sure a proud family.

I would suggest that "Missouri" give his man 2 dr. divided into four doses. Starve him for at least three days, giving only a little sweet milk.

W. FRANK MORROW, M.D.
Solgohachia, Ark.

Hoffman's Anodyne for the Removal of Tape Worm.

EDITOR MEDICAL WORLD:—In regard to removing tape worms I found by accident, not design, that Hoffman's anodyne, or compound spirits of ether, will do the trick every time. If the "Brother from Missouri" will try this on his four-times friend, he will no longer need to worry. I discovered it in this way: Was called different times to see an old lady who had "tape worm cramps." At the time of her last attack of cramps I gave her Hoffman's anodyne with the result that at the third or fourth dose it brought away the worm intact. I did not prescribe it as a remedy for the tape worm, but simply to mitigate the intense pain in bowels. My father had always told me to use Hoffman's anodyne in intestinal colic, and why I didn't use it first time I can't say. This patient had been thoroly cleaned out by vomiting and purging before I saw her, which accounts for the prompt effect on the worm. Clean out the patient thoroly with calomel and salts, and give one teaspoonful of Hoffman's anodyne in water every half hour until the worm comes. You will not be disappointed, as the medicin has made good for me a number of times since.

Wilkes-Barre, Pa. GEO. HOY TIBBINS.

Mesenteric Enlargement.

EDITOR MEDICAL WORLD:—I had treated one member of Mr. S.'s family, a girl of 13, with a rather protracted case of typhoid fever, but with happy results. On about my last visit my attention was directed to a 7-year old boy who, altho running about, playing, looked rather dull and tired. His temperature was 104 degrees, but he complained of no discomfort, except tired and headache. He was placed in bed and given the usual typhoid care, with a 5-grain dose of calomel, followed with magnesium sulfate. The following day his mother said there was scarcely any bowel movement. On palpation I discovered a small mass in the left inguinal region or directly across from the umbilicus. I used an enema of Epsom salt and turpentine, thinking it might be hardened fecal matter, but I had no results.

On the third morning I was called rather early, as the mother said the boy seemed worse. On seeing the child I informed her he would soon die, and called counsel, but he died soon after.

Autopsy revealed normal position and healthy appearance of all the internal organs, no fecal matter within the intestins, nor were any ulcers apparent. The mesentery of the large and small intestins could scarcely be made out because of the great mass of small tumors, ranging in size from that of a pea to a walnut. When cut they were free from any fluid or pus, but consisted of a soft, friable mass, pinkish or whitish in color, and looked something like brain substance. A specimen was sent to the city bacteriologist, who reported the enlargement due to an acute infection of the intestins and possibly typhoid. All other members of the family, consisting of a

Digitized by Google

2-year-old baby, a 13-year-old boy, and the mother have had typhoid and are making a good recovery at this time.

Oklahoma City. F. W. JONES.

Practise in Alaska.

MY DEAR DR. TAYLOR:—A while ago you askt for some notes on Alaskan practise. With the exception of three years in Illinois, I have been in Alaska ever since I graduated in 1897, as a medical missionary, and would be pleased to give you a few of my cases.

My work has been entirely among the Eskimos, the ten to twelve white people located near here being a negligible quantity, as the white people are distressingly healthy. We are out of doors a great deal, and the entire life of the Arctic, some grandstand explorers to the contrary notwithstanding, conduces to robust health and spirits.

You took some exceptions to one article in which it was said that the long day and night were not equal. At this point, 71 deg. 18 min. N., the sun is below the horizon for 63 days beginning November 17th and does not set for about 72 days beginning May 10th. I think that the astronomies say that it is on account of the inclination of the earth's axis away from the perpendicular.

When I first came here I was the first doctor that the Eskimos had seen. Their practise was to call in a devil driver. Naturally if you get the devil out you will get well yourself. So they used at first to call both the devil driver and the doctor. If the patient recovered, the devil man got the credit; and if the patient died the doctor got the credit. That seems an equable adjustment, as we both got some credit. However, the devil driver always got the convertible and negotiable pay.

I have often wondered if the germs had all frozen or blown away. Hardly ever have I seen an infected wound. One case of gunshot wound the hand was seemingly all shot to pieces. I wanted to amputate at the wrist, everything was so filled with dirt, powder and so badly mutilated. But the parents of the boy said to cut all off but the thumb and forefinger so that the boy could still hold a gun. If he couldn't shoot, he might as well die. As they wouldn't allow amputation, I thought I would save all I could and then when the boy died I could say, "I told you so." I removed the middle finger and part of the third, and when I got thru sewing there was more sinew than skin showing. I gave them some Bernay's tablets and they went off on a hunting trip. When I saw the boy several months later, everything had healed beautifully and there had not been a drop of pus. I can't think that it was all due to my technic.

I see all the common ailments here that I saw in my practise in Illinois. But the strenuous time comes with the summer thaws. Then the people move out of their iglus and go into tents. Everything is damp all the time, and soon come grip and pneumonias of every description to which the lung is liable.

Very little obstetric work is given me. A few years ago labor was only an incident. Then a dose of caulophylin gave me a big reputation, and now hardly a child is born without it. One case I must tell you about. The woman was in labor for three days before I was notified. Superstitions kept the woman out in a little tent about four feet high and six in circumference, alone, with several old hags sitting around outside to give counsel. When she was almost exhausted they sent for me, and I crawled in, too. As I couldn't use forceps in any such position I made them take her into a house and went for the instruments. While I was gone they decided that they did not want me to do anything if it could be helpt, so a husky young buck kneeled on her symphysis pubis and after a jump or two "something cracked and the baby was born" before I returned.

My usual call is to remove an adherent placenta. That is, if the placenta does not come with the baby they are sure it is fast and run for me. By the time I arrive they are usually in smiles and all is over. But two days ago I had such a call, and on arriving found a second bag of waters presenting, even protruding. The first baby had not been removed, so I tied the cord and ruptured the membranes. Then I found that there was a cross presentation, and that the placenta was half free and occluding the outlet. My nearest chance of counsel is 350 miles, so at the risk of there being but one placenta, hemorrhage and disaster, I removed the placenta under chloroform, as it was firmly adherent, the half not already free; and then as the back was presenting and I could not reach a foot, I brought the head down. There had been no contrac-

Digitized by Google

tions while I was working, so I began to put on the forceps, but when the first blade was in position a good pain started in and I saw that it was not necessary to assist and withdrew the blade. One more pain brought the child. Then to make the case complete, the second placenta was adherent and I had to go in for that, too.

Now, after all that manipulation and anesthetic, the next morning the woman was sitting up in bed tending to the baby. The second baby was dead when born.

If the Alaska Club organized last summer (as mentioned in WORLD at the time) will extend their itinerary a little further to Pt. Barrow, I will do my best to give the members a polar bear hunt, and at least show them more ducks than they thought existed.

I forgot to speak of tuberculosis. There is a great deal of joint disease that is tubercular, but pneumonia usually finishes the job and does not allow any interference nor assistance.

The only cases of pulmonary tuberculosis that I have seen have been in nativs living in the imitation white man's house that our paternal U. S. Bureau of Education urges upon the nativs on the plea of higher civilization. Now I have lived a winter in each kind, the nativ iglu and the imitation white man's house above ground; and I will take the nativ house for comfort, ventilation, dryness, warmth and everything, every time I have to choose as I did this last winter after the destruction of the Mission by fire.

Barrow, Alaska. H. R. MARSH, M.D.

A Case of Pellagra.

EDITOR MEDICAL WORLD:—Mrs. C., age 30, born in Germany, parents emigrated to America when she was one year of age, located in Wisconsin where she lived until her marriage in 1902. Since that time she has lived in the following places: one year in Alabama, one year in Tennessee, the remainder of her married life spent in Wilmington, Ohio, until September, 1909, when she came to Nicholasville, Ky. Father living and in good health at 56; mother died of tuberculosis; brothers and sisters all living and in good health; one uncle died in insane asylum. She is the mother of one child, age 3 years. She dates her decline in health from the birth of the child. Weight decreased from 160 to 120 pounds. Suffered during these three years with leucorrhea, and pain and soreness about ovaries and uterus. Was treated at Wilmington, Ohio, for ulceration of the cervix. During these three years she had suffered with diarrhea, alternating with constipation. She was always fond of maize products. She came to my office October 30, 1909, complaining of some pain in the back and in each side, radiating to the front and lower quadrant of the abdomen. She walkt in a stooping posture and with a spastic gait. She was markedly jaundiced, complained of vertigo and inability to see, and floating objects before her eyes. She complained of a burning sensation in the esophagus and stomach. She had a vacant stare, and only by repeated questions could I get an answer, and then with a hysterical laugh. She had recently had a severe diarrhea, but bowels were now sluggish. She had slight leucorrhea, with left lateral displacement of the uterus; slight dullness over liver. She had the Argyll Robertson pupil, pulse 80, temperature normal. Tongue slightly coated with a moist, light coating; dark areolæ beneath the eyes; complexion of muddy color.

Eruption extending from junction of the second and third phalanges posteriorly to an inch above the wrist joint and around the wrist. This was about the same on both hands. It was an erythematous eruption with a tendency to dry and crack open. She felt no inconvenience from it and attributed it to using a soap strongly impreganted with alkali. It yielded readily to treatment of oxid of zinc ointment, but returned again in a short time.

After a thoro purge I gave her a stomachic, and iron, arsenic and strychnin. I saw her twice in the following ten days, and she reported some improvement; but to me it seemed very slight. I next saw her at her home November 15th. Found her very nervous, refusing to take any medicin or nourishment, with a delusion that her friends and physician were her enemies and that death was impending. Deep reflexes were now exaggerated; ptyalism very markt; stomatitis very severe; tongue red, gums pale, pupils acting to light feebly, pulse 100, temperature 99.6.

November 16th condition unchanged; slept but little the night previous. She was admitted to the Good Samaritan Hospital, Lexington, Ky., November 19th. Blood count showed anemia, but not very markt.

Digitized by Google

Diagnosis of pellagra confirmed by Dr. Clark and other physicians who had seen cases in the South. She was treated with atoxyl hypodermatically, but there was no improvement in her condition, and she died November 23d from exhaustion.

J. A. VAN ARSDALL, M.D.

Nicholasville, Ky.

How a Kentucky Doctor Gets Along.

DEAR DOCTOR:—Having been a reader of THE WORLD off and on for a number of years, and always with profit, and especially as to your Business Talks, I will give you what I think is a fair average of a physician.

I began practise March, 1871. Graduated from Ohio Med. Have lived in the same town ever since. I want to speak first of collections and collection agents. In the above time mentioned I have sued three clients for my bills; and never had but two notes for services and lost both of them. I have given collection agents a wide berth. A customer that I could not get my pay out of, I would like to see any agent get it.

I have joined all of the medical societies of any note, and attended them pretty regularly. Have studied all of the "pathies" and find some good in all of them. There is nothing that broadens a man's mind like coming in contact with our fellows of whatever "pathy." They have great and good men in all of them. A man can afford to be dogmatic in everything but medicin. The object of the true physician should be to give his patients the very best that he can learn. To relieve and cure is or should be his highest ideal. A man can be a religious crank and hurt no one; but a doctor crank is dangerous, and I keep away from him.

I have always argued in our societies that a physician can as well have some business sense as the merchant or banker; and I never had any patience with the black list and collecting agency. If he can't find out who is who, and how far to go, then that doctor is a failure as a physician as well as a business man.

Now as to investments: We all know how easy it is to separate a doctor from his hard earned cash. If he is going to buy a horse, automobile or such he will go and look at it, and see if he wants it. But a slick agent comes in and shows him a *blue print* and a few figures and he takes the cork under at once. And when a good proposition does come along, he has been stung by a slick scoundrel and he turns a good one down.

There is no business that pays as well as the practise of medicin; and if a doctor has any common sense he has no excuse for not paying his bills. The people soon find him out, and when he begins to get in debt and slow to pay, his clients will treat him the same. Show me the doctor that pays his bills promptly and I will show you a man that the people respect. The doctor is to blame and no one else.

I have invested in a few mines and have bought stock, etc., but I was from Missouri. Just this summer I had a strong tip on a mine in Arizona. It sounded good to me, but to be sure I spent my vacation in investigating and found myself well paid; and I also found out how the people lose their money by buying cheap stock on a prospect; when if they would go and see they would kick themselves for being fooled. There is money in mines, but you want to investigate for yourself. I have seen property where thousands of dollars had been invested, and no more prospect for a mine than in the middle of the ocean.

I can't see why you, in your varied talks and advice to doctors, have to keep pounding advice into their craniums. If you will excuse seeming egoism, I will give an infallible recipe for a successful doctor. First, study well the woman you are going to make your life partner. Here is the rock that has stranded many a fortune. A doctor's wife should be the most complete combination of good sense and judgment of any other woman. If she studies the good of the doctor she is to pilot thru the storms of professional life, and watches his interests and takes care of his home and earnings and learns to let his patients alone to the public and help him to keep out of debt, she will be the most valuable asset this world can give to any doctor. This, of course, is for the beginner. The doctor who charges a respectable fee and then collects it promptly will be respected by the people. They will not place a higher estimate on you than you do yourself. Some time ago I had a bunch of farmers in a certain neighborhood that waited on me the first of the year and said that a certain doctor had agreed to visit their homes for just half what I had been charging. My reply was that that doctor knows how much he is worth. and I thought he was right; but that I

Digitized by Google

thought that I was worth just twice as much as he. I am still doing their practise.

So respect yourself enuf to charge a living and fair fee, keep out of politics, out of debt, and never try to convert other people from their particular religious beliefs, keep sober and keep up with the advance guard in your profession, and if you do not succeed, quit; you are no good. Try something else. M. Dills.

Carlisle, Ky.

Illegal Practicians.

Editor Medical World:—I see that "Tennessee," in the September World, page 392, speaks of "Advertising Cancer Specialists," and asks, "Couldn't something be done to put a quietus on such men?" I do not know what could be done in his state, but if such men undertake to operate in Arkansas it is usually a very simple thing to "put the fixings on them." We have a law in this state requiring that all physicians and surgeons must stand an examination before a State Board of Medical Examiners, and receive a certificate (whether he holds a diploma or not), granting authority to practise medicin. Another provision of this law is that the holder of this certificate must have it recorded *in the county where he practises*—a very important provision.

"Any itinerant vendor of any drug, nostrum, ointment, or application of any kind, intended for the treatment of disease or injury, or who may by writing, print, or other methods profess to cure or treat diseases or deformity by any drug, manipulation, or other expedient in this state, shall be deemed to be in violation of this law," etc., if he has not complied with all its provisions.

"Any person shall be regarded as practising medicin who shall append M.D. or M.B. to his name, or repeatedly prescribe, or direct for the use of any person or persons any drug or medicin or other agency for the treatment, cure, or relief of any bodily injury, deformity, or disease."

You see this law requires:

1st. A license, based on *examination*.

2d. That it be recorded in the county where the party practises.

3d. It prescribes a penalty of twenty-five to five hundred dollars, or imprisonment in jail from ten to ninety days, or both, for each separate day of practise.

Very few "advertising cancer specialists" or any other traveling specialist, or "patent medicin vendor," or any such gentry can comply with the provisions of this law; and it is therefore a very easy thing for any one who is interested to take it in hand and get them *willing* and *anxious* to hunt other pastures, and do it quickly.

Since this law was passed in 1903, several such characters have skipt from the territory where I practise, and did not stand long on the order of their going. Only a few months ago a fellow lighted down in our county seat, and began to stroll out over the county hunting patients. If he could hear of some old chronic incurable case he made him a visit. He told them, "I am hunting especially for such cases as yours—cases that other doctors have failed on. I have cured hundreds of such cases. I will take your case on the insurance plan, but will have to require a sufficient amount in advance to cover my expenses. Then if I don't cure you, you need not pay me another cent and I will return your money."

He came into this community and secured several patients and considerable money. I informed the State's Attorney and furnisht the names of witnesses enuf to get four cases against him. The prosecutor at once had him arrested, and showed and told him what he had against him. He proposed to him that if he would go before a magistrate and plead guilty in one case and would then clear out or quit, he would dismiss the other cases. He jumpt quickly at the chance, and has not been seen or heard of in this section since.

D. C. Summers, M.D.

Elm Springs, Ark.

Acne.—Enlarged Tonsils.—Ivy Poison.

Editor Medical World:—The undersigned is persuaded that the man who constantly drinks in all the good things of life and never gives anything out to help some one else, is a "human sponge." These are my convictions after a two years' membership in the Medical World family, to whom I have not as yet contributed anything (except my subscription) in return for all that I am continually receiving from them. Hence, lately, I have been threatening that some day I would thrust something at the family. Here it is.

The paper entitled "Editorial Individuality" in August issue, pages 331–333,

Digitized by Google

was very much enjoyed, and I believe there are many of us who are glad you gave it to the family as well as to the American Medical Editors' Association. How many of us appreciate the helpfulness of THE WORLD is attested by the large list of subscribers located here, there, and everywhere—from the ranks principally of those who *do* the bulk of the work of the profession, as is evidenced by the great variety of contributors and the intensely practical character of their contributions. But speaking of "Individuality" again, what is it that causes a doctor to unconsciously drop his ultra-scientific medical journal and pick up and read thru, often without interruption, journals of the character of THE MEDICAL WORLD? It is the "individuality" of it—this closeness to real persons; this giving to practicians the real, every-day, necessary information and pointers—the "just-what-he-needs" information.

I wish I could show the WORLD readers what my copy looks like, or rather what is left of it, after I finish it each month. There is not an issue but what is pretty well clipt out, and most of what remains is referred to here and there in my numerous handbooks, and later filed away. Not an issue comes but what it contains many golden nuggets of useful information. Furthermore, are the Family conscious of the great spirit of toleration that seems to pervade all the contributions—that is, medically? This is a hopeful sign. It means that we are approaching, aye, that we have entered upon, an era where all physicians are showing a spirit of liberality in things doubtful, and in most things they are becoming noticeably charitable. Physicians of different schools of practise are growing more willing to listen, reason, and try what the other fellow has to suggest. Blind prejudice is surely disappearing. After all it's *what is* that counts, and I believe that's what most of us are trying to find out, namely: what *is*.

As to religious and political subjects and opinions, people are, I see, still quite "thin-skinned," and some of them "get hot under the collar" on slight provocation, as some of the letters to the Editor indicate. Nevertheless, THE MEDICAL WORLD is a great clearing house in more ways than one.

A vote of thanks is due from the family to Dr. Rhodes, of Pittsburg, for the helpful and sensible article on "Difficult Labor" (July issue, page 293), and to Dr. Baker, of Philadelphia, for his complete article on "Enlarged Tonsils" (page 307).

I would like to add my mite on the treatment of acne. I have only very occasionally found benefit resulting from attacking too vigorously the diet of such patients. Aside from cutting out gross indiscretions in eating, such as excessiv indulgence in sugars (candies, etc.), sweets (cakes, etc.), pastry, and pork fat, there is not much to be accomplisht from too vigorous a pruning of their diet. The principal thing to keep in mind, and which *must* be brought about, if possible, in such cases, is thoro elimination. That means that plenty of plain fluids (good water, particularly), should be ingested during the course of each day, and also that regular and sufficient evacuations of the bowels should occur each day. Then, and not until then, is the matter of medication to be considered. In connection with the matter of bowel movements, a liberal fruit allowance (ripe or stewed) and brown (graham) bread are of immense help. Medicinally, if anything additional to a proper diet is necessary, cascara sagrada extract, or phenolphthalein, either, or, if necessary, both together, in small doses, are usually effectiv helps. I do not believe in too vigorous purging in these chronic cases—which they usually are; nothing more than a free and sufficient soft stool is necessary.

I have tried the entire list of acne remedies (so-called), I believe, and will say to the WORLD family that I have about settled down to the following remedies, principally: Ars. sulf. rub., 2x trit. tabs., usually medicated with tinct. echinacea angust.; two or three of such tablets are directed to be taken before breakfast and supper; and calcarea sulf. 3x trit. tabs., two or three of which are directed to be taken before dinner and at bedtime [Sometimes calcarea sulf. 6x trit. tablets act better—more permanently curativ—than the lower (cruder) preparation.] You will see that the above medicins are given alternately rather than altogether. If a laxativ is necessary, it is given in the middle of the morning, or in the evening, always between other medicins, to suit the convenience of the patient.

Locally I have seen much benefit result from a warm water and soap bath (ordinary Ivory soap is as good as a more fancy

Digitized by Google

kind), with soft flesh brush, and thoro drying after rinsing, with a substantia towel. When pustules form, the pus should be evacuated, if possible, without doing additional damage to the cuticle. This can best be done sometimes with an ordinary comedo extractor, or better still, with the point of a small pointed scalpel, preferably by the physician. Always get all the pus out, if you can, even if it is necessary to use hydrogen peroxid solution to do so; this, of course, without any unnecessary pain or violence to the patient.

After the toilet of the face has been attended to I often give to my acne patients a lotion to apply which is soothing, cooling, and healing to their faces. The formula is one I have perfected after more than ten years' trial and experimentation; it being quite a lengthy one I will not write it here. If any of the family desire it he can hold up his hand later on.

For more than ten years I have been especially interested in chronic diseases, hence chronically enlarged tonsils, particularly of children, is one of the conditions that has enlisted my attention. I should like to hear from any fellow practician concerning the local treatment of the tonsils, such as with fluids for gargle, or spray, giving his experience, and the formula he has found most useful in accomplishing a reduction in their size.

I see so many things suggested for poison ivy. I have treated a great many such cases, always successfully, and yet have never had to use anything more than tincture grindelia robusta solution (1 part to 10 of aqua communis). Mop on the inflamed (poisoned) parts with soft linen or pledget of absorbent cotton, and renew three or four times a day, or as often as itching or burning compels. When all inflammation has subsided, apply some simple ointment; *e. g.*, calendula cerate, or unguentine.

What brother knows of a good device or system for conveniently and sytematically filing clippings, that is not too elaborate? No doubt there is made by somebody just the thing for physicians. Who has it, and where can it be had?

I have already taken up considerable space—more, perhaps, than I should have—so will desist. May your crusade against crooked collection agencies, land frauds, bogus cancer cures, fake pharmaceutical concerns, cigarette smoking, and religious and medical bigotry, continue to be effectiv, and yourself be spared many more years to medical journalism.

Hampton, N. J. L. E. DAVIES, M.D.

Treatment of the Drug Habit

EDITOR MEDICAL WORLD:—All former treatments of the drug habit that I have met with consist of the gradual reduction or the "knock out" plan with hyoscine. These treatments are flatly erroneous. I find that elimination, both of the drug and effete material with which these patients are surcharged, is the essential thing in the successful treatment. During the last fourteen years I have treated many cases of these addictions and notwithstanding the unsatisfactory results obtained by other methods of treatment as recorded and told me by the patients themselves, I have disregarded them all and treat by the rules of common sense, and the general principles of medicin. I find that suggestion or suggestiv treatment has much to do in the successful management of this class of patients. Suggestion is the mainstay of my treatment. Narcotic subjects are readily susceptible to suggestion.

The line followed is, that no pain will be felt; that the patient will be too much of a man to want to rely on an agent that clouds his faculties, benumbs his reason, and smothers every lovable quality in his nature. By suggestion the results in functional diseases have been amazing. Suggestion will stop pain in all cases where there is not actual organic destruction. It will establish your patient's confidence in you and your ability. It will induce tranquillity of mind in the nervous, stability in the hysterical, confidence in the uncertain, and keep your patients in your own hands and under your wise and scientific control, and away from patent dope of all kinds and out of the clutches of the ruthless quack. W. S. ROBINSON.

Nashville, Ark.

Treatment for Leg Ulcers.

EDITOR MEDICAL WORLD:—Every little while I see in THE WORLD and other journals a short sketch of the treatments for leg ulcers. These are the bane of the general practician. I have never found a book that gives proper treatment for them; and the ordinary medical journal passes them up with slight notice. Strapping and dry

Digitized by Google

dressing with me has proven a failure in most cases. But try the following treatment. With it I have cured every case. Not a per cent. of them, but every one.

First, I have a talk with the patient and family, and tell them that they are to follow directions, not partly, but in every particular; and that it will take from seven to twelve weeks or less, according to the size of the ulcer, the condition of the patient, etc. An ulcer of three by four or five inches should take ten to twelve weeks, and those ten or twelve weeks should be spent in a reclining position, and the leg elevated. In the cases where I have had the directions followed, I never let the patient put his foot to the floor. Of course, for new ulcers, or those small in area, you need not be so stringent with the directions; but enjoin rest and elevated foot. Wash the ulcer. Get it clean. Use H_2O_2 with the first dressing, and clean it out perfectly. Then with a bit of cotton on a match, swab the edge of the ulcer with a 10 per cent. sol. of acid nitrate of mercury. This is especially important if there is a tendency in the chronic cases for the skin to overlap and form a hard ridge, ending on the floor of the ulcer. Also, if there is any tendency to specific trouble, present or remote, after destroying the edges, dilute a little of the acid nitrate and swab the whole floor of the ulcer. It is a painful proceeding, and can be rendered painless by the use of cocain sol. I use 2 per cent. and let it stand twenty minutes to one-half hour, then swab, and destroy all the surface. There is no necessity of going deeply, except in the edges. These should be thoroly burnt and all scar tissues removed. Perhaps in the course of the treatment it will be necessary to increase the activity of the ulcer, especially if it be large. In this case, if you do not get much improvement at any time after two or three days, touch it up with a swab of the same acid nit. of mercury 1 per cent. For treatment use the lead and opium wash. Where there is much pain, use more laudanum. The formula I use is:

℞

Tinc. opii.	℥ss-℥j
Liq. plumb. acet.	℥j
Aquae	Oj

M.

This I use on gauze or strips of linen, and cover the ulcer, *keeping it wet all the time*. Keep two or three thicknesses of gauze on the ulcer, and do not bandage. Do nothing to obstruct the circulation; it is bad enuf anyway.

After a few days you will see the granulation begin to fill up the cavity, and a narrow line of new-formed skin circling the wound. There is little to do except when the little dry skin or scab which covers the new skin is formed; this must be removed, as it has a tendency to impair the circulation of the new tissue.

After the first few days you will get no pus, and the wound will look healthy.

After the first few days there will be a marginal eczema on the sound tissue, produced by the wet dressing. This can be stopt, or prevented, by

Acid salicylas	℥j
Lanolini vel vaselini	℥j

M. ft. ung. To cover surrounding skin.

The scaling which follows is natural. The whole scar scales several times. I keep them moistened with the above unguent for several weeks after healing, and before the limb is used I support with elastic stocking. As is well known, new cicatricial tissue will contract; and I have found, after the granulations form, in many cases a skin graft "will take." These have a tendency to prevent contraction, and if more than one-fifth of the circumference of the leg is involved, should be used. In several cases where one-third of the circumference was involved, I diminisht the contraction by an incision on both sides of the ulcer, which filled readily by grafts.

Under this treatment I have not failed once to get a serviceable limb. Of course, in specific cases it will be necessary to give appropriate treatment.

Small ulcers in working people can be treated on the above plan by using small strips of adhesiv plaster to hold the dressing in place. Use them above and below the ulcer. Patient need not be taken from his work; but it will take longer to close up the ulcer.

F. J. DAVIS, M.D.

Raymond, Cal.

Christian Science vs. Malaria.

EDITOR MEDICAL WORLD:—Recently two brothers, Christian Scientists, high dignitaries in the church of that faith, invested a few hundred thousand dollars in cypress timber here in the swamps of Louisiana, and proceeded to erect a sawmill thereon. Things workt well during the winter months, but with the return of summer and rainy weather, there has been

Digitized by Google

a new crop of malarial-bearing mosquitoes hatched, causing the hands to drop out with fever. The Scientists have been replacing them with volunteers armed with weapons of books and pamphlets on demonstrations of mind over matter, small *claims* due to weak faith, etc., attacking and counter attacking the malaria, only to be repulsed each time by General Anopholes Mosquito. The forces are falling back, the guards are retreating to the hillsides for recuperation, and the scientific generals themselves are presenting thick, flabby tongues and a despondent spirit; while expenses are soaring high. We hear that Christian Science runs smooth in high, dry climates. As soon as the situation demands it, we propose to offer our assistance in negotiating peace for $300 a month, they furnishing a French cook, quinin, and all disinfectants.

Any suggestions from the brethren gladly received. F. B. ODOM, M.D.

French Settlement, La.

Low Fees.

EDITOR MEDICAL WORLD:—Regarding Dr. Cook's letter in the September WORLD, pages 379-380, in the matter of low fees, his criticism of "Virginia's" experiences is right and proper; but even "Virginia" has not reacht "low water mark" yet. Let me give you an idea of the high and dignified (!) status of the medical profession in the old and conservativ county of Otsego in the State of New York. A certain M. D., a few years ago, sold his practise in one of the principal villages of the county, binding himself in writing, as is usual in such cases, to refrain from all medical work of every kind in the town and vicinity in the future. The man took the money ($500 it is reported), went to a neighboring city to "specialize," and met with failure. Having spent the money, he coolly returned to his former location and *resumed practise*. His successor very properly appealed to the law, and got an injunction, restraining him from the practise of medicin in the village. He then located in an *adjoining* village, for the purpose of diverting the office practise from his successor, the man to whom it rightly belonged. This he has partly succeeded in doing, his low prices and former acquaintance drawing many of his former patrons.

His fees are a disgrace to the profession: fifty cents a visit, medicin included. If his visits continue for a considerable period, when settlement comes, he "lumps" the amount, saying, "Oh, give me so and so," averaging sometimes twenty-five cents or less a visit, or he will say, "Oh, give me what you think it is worth." He has acquired a cheap name for charitable work, but it is noticeable that the representativs of the drug houses who sell to the other two physicians in the town do not solicit his custom. If Dr. Cook ever runs up against such a competitor, I wager "farm work" will look like a bonanza to him. What can an honorable, self-respecting physician, desirous of upholding the dignity of his profession and earning a fair compensation for his work, do when he competes with such a creature? Humiliating as such a confession is, it is the candid truth, that the majority of the people patronize this man. Coupled with his notoriously low prices (not fees), there is a blatant assurance and bearing about him that imposes on the less discriminating. But the absurdity of the case. At a time when professional men, artizans, and laborers, one and all, are pleading, striking, and contending for higher pay for work done, to meet the increasing cost of living, comes a man, who, for the sake of a little cheap patronage, debases his own and his competitors' work to the level of that of the crossing sweeper, who holds out his hand and whines, "Oh, give me what you think it is worth." Honorable, open competition is welcome and stimulating, but *scab work* needs no further definition than to so call it, humiliating to those in the same line of work, and to outsiders a by-word and reproach.

Otsego Co., N. Y. OBSERVER.

Gonorrhea, the Great Evil of the Day.

EDITOR MEDICAL WORLD:—It is not strange that there are no physicians in small towns and rural districts who devote their whole life to a study of gonorrhea; and after due reflection there is ample excuse for so few in the large cities who are wholly occupied with this dread disease. Is it due to a lack of cases? No. Is it due to lack of knowledge that this is one of the most prevalent and at the same time one of the most serious diseases? No. All physicians know it is one of the most prevalent, disastrous, and stubborn with which they are called upon to treat. Then why are there so few specialists in this line?

The reasons are many and seem well-

Digitized by Google

founded. First, it is regarded as a disease which affects the low walks of life, and physicians desire as much as possible to treat the best people. They do not care to be called "The Clap Doctor." It does not have as high ring as most men in the profession like. Second, it is so hard to cure, and the patient is unwilling to pay large fees for the service which is actually given in many cases. Doctors, like other people, like to do that which they can do well. No one enjoys failure. It is the spirit of success that spurs men on to higher thoughts and nobler endeavor. I must tell you that this is a disease that requires more determination than most anything, to make a success. If you cure a patient, he is afraid to say anything about you for fear people will think he has had it. Not so with the eye, ear, nose, and throat man or the general surgeon. Many men and women seem to like the notoriety of having had an operation for enlarged tonsils or appendicitis, but few men like to relate their experience of urethrotomy. Some are even slow to speak of their being ruptured. If they feel timid about hernia, what may be expected of them with gonorrhea?

It is a sad mistake to think that only certain low ones have gonorrhea, for nine men in every ten have it, have had it, or will have it. Eighty per cent. of the married men in New York are said to infect their wives with gonorrhea at some time; but this seems a little extravagant to me. When I came to Memphis to make a success of venereal diseases, I was aware of the manifold disadvantages that faced me. I knew that every doctor treated this class of diseases to some extent, and for this reason competition would be great; that the laity did not know the dangers of the diseases of this class; that advertising quacks had put this specialty in bad form, and a thousand-and-one other drawbacks needless to mention. Women, married and single, put off going to the doctor with this disease, for various reasons. They are ashamed to let any one know they have it. Sometimes they do not know they are affected, and again they do not have the price to pay for treatment. They go along treating themselves as best they can till the gonococcus passes into the cervix, womb, and finally to the ovary and peritoneal cavity; and she lands on the operating table to try the last resort for health.

Gonorrhea is responsible for more invalid women than any other one thing. It causes more childless women than any other one thing. It is to-day causing more suffering than any other one thing. When I think of the innocent wives who are made invalids; of the innocent, helpless children made blind by gonorrhea; and of the many mothers' sons who are injured for life by this terrible disease and its partner, syphilis, it makes me shudder. I am determined to arouse an interest in this class of sufferers in every way possible. I expect to lecture to men only when I have opportunity, and try to impress upon their minds the importance of avoiding these troubles. No remedy is as good as prevention. Knowledge is power, and ignorance and vice are humanity's worst foes. If people knew about these things they might avoid them more; but as long as it is whispered around that gonorrhea is no more than a bad cold it will lend a helping hand to spread all forms of venereal diseases.

Some only seem to have a horror for syphilis, and seem not to care for being exposed to gonorrhea. It is true syphilis is to be dreaded, but the exposure that would give you chancroids or crabs may give and is sufficient to give you syphilis and gonorrhea. Why will the public be so concerned about smallpox, diphtheria, and typhoid fever and look with so little consideration upon syphilis and gonorrhea? What disease is it you prefer syphilis in its place? We owe it to ourselves and the government in which we live to do that which promotes health and population. I know I have selected a hard field, but the energetic soul likes work. Labor to me is congenial. If I do nothing more while I live than start people to thinking and talking, it will bring men into the fight who are more persuasiv and effectiv, so the end may be grand. I want to get people to thinking about gonorrhea in its true light—that it is more like cancer than a bad cold; and that it can be avoided and should be.

Memphis, Tenn. F. L. BOTT, M.D.

Note on Osteopathy.

EDITOR MEDICAL WORLD:—On page 384, August WORLD, you refer Dr. L. Slamberg's questions to me. In speaking about manipulations about the atlas I used the atlas as a representativ of that region. A subluxation of the atlas—any abnormal position—

Digitized by Google

being as it is in close proximity to the nerves and vessels which pass thru the jugular foramen—may readily interfere with their function, or with any of the recurrent nerves, or even make pressure on the spinal cord, and be far reaching in its effects.

Once the idea is caught that any subluxation of any vertebra may not only interfere with the nerves that pass out at that vertebra, but also with the spinal column itself, the importance of these lesions is seen at once. The knowledge of anatomy as to the propinquity of the structures is secondary to the knowledge of the normal and abnormal condition of the parts. A normal condition shows that the machine is not at fault, and it is just as important to know this as to know when there is a lesion and how to adjust the same.

In manipulations of the abdomen the object is to reach and influence the nerves that control the circulation to the bowel, as well as to stimulate or inhibit peristalsis. Perhaps some one else might have given more information in a rough description of a treatment, but I do not possess the faculty to boil into a short article a whole book; nor did I aim to tell why certain things were done.

W. A. Hinckle, M.D., D.O., of Peoria, Ill., says: "Every pathological condition of the human body has its primary or secondary lesion or cause at some point or points accessible from the surface of the body, and the removal of such lesions is an important factor in the cure of diseased conditions. * * * We submit that this proposition is true, that every pathological condition of a curable nature may be favorably influenced by mechanical measures which are a part of osteopathy."

See series of six articles on Osteopathy, first publisht in THE MEDICAL WORLD in 1904 by W. A. Hinckle, M.D., D.O. Dr. Hinckle states the groundwork of osteopathy well. To be able to do what this implies would make a pretty good human mechanician. GEO. B. KLINE, M.D.

Wheeling, W. Va.

Has Thrived, and Knows How to Catch Schemers

EDITOR MEDICAL WORLD:—Referring to Dr. A. O. Reppeto, of Banks, Ore. (page 398, September WORLD), I will say that this year makes 24 years' continuous reading of THE WORLD for me; and since I began my 24 years with THE WORLD I have been blessed with a half dozen children, our oldest a girl and the rest are boys, youngest nearly 4 years old, all living and healthy. And now, Dr. Taylor, while I do not agree with your religious views, I do like your Monthly Talks and your advice in matters of business and investment. You certainly have been the means of saving many dollars for your readers.

Recently I received a letter and circulars urging me to invest in a new discovery for manufacturing turpentine from the stumps of the cut over pine forests of Michigan, etc. The dividends to the stockholders were going to be double and treble amount invested. Two hundred and fifty dollars was the limit allowed to any one, but that would be sufficient to make us all independently rich, etc.. It had the earmarks of a scheme to make money for the promoters, and I decided to try their sincerity by writing them that I would like to take a thousand dollars' worth of stock if permitted. They answered promptly that only a little allotted to Illinois was left, but if I would hurry I could get it. As I did not reply to this letter, in a few days I got another letter urging me to not delay, as they could not hold the stock for me long; and that they were holding the thousand dollars for me, as they wanted to make me a director of the company, etc. Needless to say I did not buy the stock, as my object in writing was only to see if they would not sell more than $250 worth of stock to one man if they could.

Dongola, Ill. J. D. HART, M.D.

Non-Drug Therapeutic Journal.

CHICAGO, Sept. 11, 1910.

MY DEAR DR. TAYLOR:—I want to call the attention of your many progressiv readers who are especially interested in the non-medicinal methods of treatment to the following proposition:

To all who desire it, I will send the *American Journal of Physiologic Therapeutics*, my new bimonthly journal of progress in this special field of therapeutics, for as long a time as may be necessary either to convince them of its value, or not, as the case may be.

There are no strings to this offer. I believe that many of your readers will appreciate this attempt of mine to awaken a still greater interest in a phase of therapeutics which has been sadly neglected, and which is only at this late day really coming into its own. All that need be done is to send me a postal card saying: "I accept your offer in THE MEDICAL WORLD. Send me your journal commencing with the November issue."

Very sincerely yours,
HENRY R. HARROWER.

[The above explains itself. Dr. Harrower's wish is to get in touch with doctors who are interested in non-drug therapeutics. Here you have an opportunity to examin his journal without cost to yourself.—C. F. T.]

ANACORTES, WASH., August 20, 1910.

MY DEAR DOCTOR TAYLOR:—Well, here is for four years more of your administration. I think the best compliment I can pass to you is that I read nearer everything in THE WORLD than in any other journal I take.

I guess there never was even one copy of any journal publisht that did not contain something that someone considered "rot."

It is not necessary that I approve everything that either editor or contributors say in order to like your (our) WORLD. But I think most of your editorials timely, medical, political, and religious; and I like the "spirit." Yours for more, G. G. AGERTON.

Digitized by Google

Esperanto.

EDITOR MEDICAL WORLD:—Doubtless you have long ago formed your opinion as to the merits of Esperanto, the international language. I hope that it is favorable; but as there is much irresponsible criticism of Esperanto, especially on occasion of the recent international convention in Washington, I want to offer an opportunity for every thinker to judge for himself. I have had prepared 100,000 brief grammars of the language in pamphlet form, and will send one free to any person who is sufficiently interested to ask for it, inclosing stamp for reply. This great movement for an international auxiliary language now embraces fifty nations in its scope.

700 E. 40th St., Chicago. ARTHUR BAKER,
Editor "Amerika Esperantisto."

Epidemic Infantil Paralysis.

TO THE EDITOR OF THE MEDICAL WORLD:—At the recent meeting of the Congress of American Physicians and Surgeons held in Washington in May, 1910, a joint session of the American Orthopedic and American Pediatric Societies was held and the subject of epidemic poliomyelitis was discust. The following resolution was adopted:

> "It having been shown by recent epidemics and investigations connected with the same that epidemic infantil spinal paralysis is an infectious communicable disease that has a mortality of from 5 to 20 per cent., and that 75 per cent. or more of the patients surviving are permanently crippled, state boards of health and other health authorities are urged to adopt the same or similar measures as are already adopted and enforced in Massachusetts for ascertaining the modes of origin and manner of distribution of the disease with a view of controlling and limiting the spread of so serious an affection."

A committee with Doctor Robert W. Lovett, President, Boston, Mass., Doctor Irving M. Snow, Secretary, Buffalo, N. Y., was appointed to urge the various state and municipal health authorities to take up the work of investigation of the various foci of epidemic poliomyelitis, to study its epidemiology and to instruct the public that the disease is at least mildly communicable.

May we ask you to publish this letter and the resolutions in your journal, and also to allude to the matter editorially, urging the health commissioners of the various states of the United States and of the provinces of Canada to follow the example of the Massachusetts health department in studying the epidemiology of poliomyelitis.

Respectfully yours,

ROBERT W. LOVETT, M.D.,
President Committee on Poliomyelitis, American Orthopedic and Pediatric Societies.

IRVING M. SNOW, M.D., *Secretary,*
476 Franklin St., Buffalo, N Y.

Dr. John Miller, of Minneapolis, Kansas, has the "Ode to a Skeleton" poem, which we discust so fully a year or so ago, printed on the back of his professional card.

Out of Joint.

[Written for THE MEDICAL WORLD by Agnes R. L. Pratt, Sedalia, Mo.]

Last night my mama cuddled me
  An' put me in my bed,
An' patted me an' kissed me,
  An' this is what she said:

"You're mama's precious little boy;
  God guide and guard you, dear."
'n then she hugged me in her arms,
  An' left on my face a tear.

"Honor and obey your papa, son,
  We could love no one more."
'n then she kissed me two, three times,
  'n then she shut the door.

This morning I am lonesome;
  Haven't seen my mama at all;
Jes' my papa an' Dr. Weller
  Was talking in the hall.

My papa never spoke to me;
  An' Dr. Weller, he jes' point
An' say, "Aha, my little fellow,
  Your nose is out of joint!"

An' cook said, "Cum eat yez breakfast food;
  Yez shall have uv cream a pint.
'Taint Biddy 'll desart yez, little man,
  Case yez nose is out uv jint."

Nurse said "Ach! ye shall see dot little sister.
  Ven she haf on some cloes.
I tinks you don't care some more
  Cause you have break your nose."

An' Dan said, "Cum, ride with Uncle, chile,
  Git on yer pritty cloes.
Dan ain't gwine back on you,
  Ef little Miss dun cum an' break yer nose."

Then I lookt into the glass,
  An' I don't believe them all.
Papa said they was jes' joshing me,
  Fer my nose ain't broke at all.

But I'm lonesome fer my mama.
  Course a big boy never cries.
I don't care nothing 'bout my nose,
  If the tears would stay out of my eyes.

For Chronic Bronchitis.

EDITOR MEDICAL WORLD:—If you should have a call for a formula for chronic bronchitis, here is one I have found does the best of any I have tried.

℞

Syrupi picis liquidae
Syrupi pruni virginianae, āā.....℥ ij

M. Sig.—3j t. i. d.

Barnard, Vt. E. J. HICKEY, M.D.

EDITOR THE MEDICAL WORLD:—The Mother Shipton's Prophecy that you quote was a shameless forgery. A gentleman suspected it from the use of the word "carriages," which was unborn when Mother Shipton lived, and setting himself to detectiv work he unearthed the writer, who confessed. A. F. RANDALL.

Port Huron, Mich.

Digitized by Google

QUIZ

New books as they appear are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Vitiligo.

EDITOR MEDICAL WORLD:—A case came under my observation several days ago claiming to have made the usual rounds, applying for treatment with results negativ. Thinking perhaps you or one of the family recognize the condition, I submit it, as I am frank to say I know nothing about his ailment. Male, 24 years of age, single; had the usual diseases of childhood. Jewish parentage, skin dark, weight about 165, 5 feet 5 inches tall. Denies venereal diseases. At about the age of 5, parents noticed white areas on hands, dorsal aspect at junction of metatarsal with phalanges, extending down the dorsum of the fingers as well as up the arm and hand on the radial side. Also several large areas on abdomen and right side. No desquamation or discomfort of any sort; in fact, he claims, were it not that he can see them he would be unaware of their presence. During cool weather in the summer they are scarcely noticeable, and absent altogether in winter during the cold weather. W. L. E.

East St. Louis, Ill.

[You have a case of vitiligo. If you will look it up in any good book on skin diseases, you cannot fail to confirm our diagnosis for yourself. It causes no symptoms except the annoying appearance of the patches, but it has always been considered progressiv and incurable. Recently a cure has been reported under the use of thyroid extract, but from our experience we would be extremely dubious of the reliability of the cure. It is only fair to say, however, that spontaneous cures have been reported. One may add to the cosmetic effect by painting the affected areas with diluted juice of the walnut husk. Almost the same effect may be acquired by application of corrosiv sublimate solution in water, strong enuf to cause desquamation about the outer edges of the patches, so that the white discoloration will not be so sharply outlined. Probably the first suggestion would be the least likely to make an annoying irritation of the skin thru repeated use.

Now, Doctor, you have your diagnosis; and if he "has been the rounds," you have a right to charge him a good fee for being able to tell him what is the matter with him. The fee for subsequent treatment should be light, as there is little prospect of benefit.—ED.]

Treatment for Potassium Cyanide Poisoning Requested.

EDITOR MEDICAL WORLD:—Will you please publish the best treatment for poisoning by potassium cyanide? H. L. CARPENTER, M.D.

Goldroad, Ariz.

[Ferrous sulfate (to form Prussian blue), followed by evacuation of the stomach. Whatever is done must be done quickly, and where there is much liability of cyanide poisoning, it is well to keep the following stock solutions on hand: Solution (3 per cent.), of ferrous sulfate, 30 cubic centimeters. A solution (5 per cent.) of potassium hydroxid. Keep solutions separate and protected from air. For use, mix the two solutions and two or three grams of powdered calcined magnesia, shake well in a pint of water, and administer. Follow in a short interval by washing out the stomach with the stomach pump.

Cobaltous nitrate is said to be a perfect chemical antidote for use by the mouth in 0.5 per cent. solution. A weak solution of hypochlorite of calcium or of sodium has been used.

Atropin, digitalin, strychnin, hypodermically. Alcohol by the mouth, after stomach washing. Ammonia intravenously. These comprise the treatments, the first being the standard "antidote."—ED.]

Syncope Following Tooth Extraction in a Woman Recently Delivered.

EDITOR MEDICAL WORLD:—Will the Editor or THE WORLD family give me a little light on this case? Mrs. B., age 22, married one year, all her life has been a healthy country girl. Became enciente; during the time she suffered a great deal with toothache; she went to full term and was delivered of a girl child that weighed 7 pounds. There was a little abrasion in the wall of the vagina, but not enuf hemorrhage to give any alarm, or vent large enuf for a stitch. She complained of a pain for several days in the left side, along the region of the round ligament.

When the child was two weeks old I extracted an old snag of a tooth that was loose; she fainted and was revived by wetting her face with cold water. When the child was four weeks old she had another tooth hurting her. I pulled that, and she went off into an unconscious condition and remained in this condition for six hours before she could speak or knew anything. I used no anesthetic on the tooth. She was perfectly limber, every muscle was relaxt, except the muscles of the jaw, and they were rigid. We forced her mouth open and kept the jaw and muscles in motion. Her pulse was slow, weak, and thready. I used nitroglycerin, strychnin, and digitalis hypodermically. She revived and was up in a short time and has done her housework, milking and cooking, since. The 26th of August she had toothache again; was eating a piece of melon and hurt one of the old teeth. She commenced trembling and went into an unconscious condition which lasted two hours. She is a little weak and nervous for awhile after the syncope is off. Appetite good, bowels regular and kidneys activ; child is growing. Will the Editor and family give diagnosis and treatment? E. T. Lewis, M.D.
Erin, Tenn.

[We think the first tooth was extracted before she had entirely regained her "nerve" and strength subsequent to delivery. The memory of this first syncope would be sufficient to cause the second attack; and her fright when she "bit on the nerve" was almost sufficient to induce another attack. Have her teeth examined and put in proper condition, and warn the dentist of her tendencies in this direction. Probably an ounce of whiskey taken a few minutes prior to doing any dental work in her mouth would prevent future trouble.—Ed.]

Formula for Mother's Friend Wanted.

Editor Medical World:—As a subscriber of your valued paper I should like to ask you if you know the formula of the much advertised "Mother's Friend," an external remedy which is claimed to alleviate or facilitate the act of parturition. May it be that it s only the massage that is the helping agent to make childbirth easy? I do not remember that I have learned of a remedy for this purpose when I was studying medicin in the old country. Missouri Doctor.
St. Louis, Mo.

[The formula has been publisht, but we are unable to locate it at this time. Doubtless some of the family will send it in for publication. We can say for its action that some of the mothers whom we have known to use it faithfully suffered severe and protracted labors, and the remedy can have no possible alleviating influence. No medication can, in the very nature of the case. Elaborate diets have been formulated and promulgated for the purpose, also, but the only impression they ever made on the profession was that the child had been damaged to a greater or less extent by being deprived of certain elements in the food of the mother which Nature intended that the child should have.—Ed.]

Formula Wanted for "Barrett's St. Vitus' Dance or Chorea Remedy."

Editor Medical World:—Will you please let me know what the ingredients are in Barrett's St. Vitus' Dance Remedy (circular inclosed); and if not, will you please make inquiry? It is amusing to observe the brilliant results of this remedy, whatever it is, after specialists have prescribed antipyrin, Fowler's solution, cannabis, hyoscin, cocain, cimicifuga, valerian, musk, electrical and rest cure, and all have failed, and nevertheless I believe it has Fowler's solution in it, but cannot account for its rapid cure.
New York, N. Y. Dr. A. Brown.

[We have never seen it, and do not know the formula. If any of the family have it, will they send it in for publication?

We do not doubt but that it contains some form of arsenic, tho possibly not Fowler's solution. Probably the secret of its popularity lies in the large dose of arsenic. We have been astonisht at the small doses of arsenic some men give in even violent cases of chorea, and it is no wonder that the laity become discouraged at their lack of success and call for a nostrum. Arsenic, in chorea, must be given up to the full physiological effect, and this regardless of the amount taken to attain that effect. If doctors could only be taught this fact, there would be no demand or call for such nostrums. The circular states that the "remedy was discovered by the late Dr. Thomas S. Bartlett, and prescribed by him, and has been in use for over ninety years." One wonders "how late" the late Dr. Bartlett was, and if he prescribed it in his practise for ninety years. Can any man of sense imagin for one minute that Dr. Bartlett discovered some new and unknown drug, and that it has been used by him, or by any number of people for the last "ninety years," without the profession knowing something of it? Does any one believe that any drugs worth "$3 a bottle" were known ninety years ago, when the doctors dug their own roots as a rule? No, Doctor, the whole thing is a fake, however wonderful may be the seeming cures. Get a bottle of it and put it thru the simple glass tube test for arsenic, and we wager that you can duplicate its effects immediately, *if you use enuf arsenic*. At the same time, if any one has the formula, we will gladly publish it.—Ed.]

Digitized by Google

Remedies for Hay Fever Wanted.

EDITOR MEDICAL WORLD:—Will you please give some good suggestions about hay fever? I am a sufferer and have a patient likewise afflicted.

Union, Mo. G. JONES, M.D.

[Probably the most useful suggestion would be the trial of Dunbar's serum. This is called "Pollantin," and is obtainable from any physician's supply house. It comes in a small carton with full directions. It does not act as a specific (probably nothing ever will), for many causes enter into the condition we call hay fever. Knight reported 219 cases, with benefit following in 180 of them after its use. It is used by dropping it into the eye from a "dropper," and it is also applied to the interior of the nostril in the same manner. It is prepared from the horse, much as the diphtheria antitoxin. Dunbar first used rabbits in his experiments, injecting the poisonous pollen from plants, and then withdrawing the serum from their blood with the idea of developing an antitoxin, but the horse is now the animal of choice for commercial purposes.—ED.]

Removal of Scar from Face Desired.

EDITOR MEDICAL WORLD:—A young lady, 18 years of age, suffers from disfigurement due to a scar three-quarters of an inch in length, due to being accidentally struck by a stone on the 18th day of August, 1910. Scar is on the face, and she wants it removed. Is there anything I can use to remove the blemish?

Idol, Tenn. L. F. SEAL, M.D.

[See editorial on Cosmetic Surgery in this issue. It is much too soon to estimate the degree of disfigurement which will result; a few months may cause it to fade so that it will hardly be noticeable. Scars grow with the body, but the majority of young women of this age have reacht their full development, so that one would not expect enlargement. Only a keloidal scar grows after the body has attained maturity. We advise doing nothing for three or four months, when, if she wishes to undertake it, you may try its removal by cosmetic surgery, or by one of the following methods. You must, however you plan its removal, have her clearly understand that no surgeon guarantees results, and that she may be disappointed to find a worse scar left after the attempt than before.

Thiosinamin is used for scar removal, and some good successes are reported. Inject, with a fine hypodermic needle, once a day or every other day, 12 to 15 minims of a 10 per cent. solution in equal parts of pure glycerin and sterilized water, in the region of the scar. The treatment is painful. Or, it may be given by the mouth, in 3 grain doses, divided thru the day. Not many observers give any credit to anything but its hypodermic use.

Multiple scarifications, followed by a light application of acetic acid, have been used. The scarifications must be very superficial, involving very little of the skin surrounding the scar, and the application of the acid very light indeed. This is painful, naturally.

Continuous compression by ordinary surgeon's plaster, or by mercurial plaster, has proven curativ.—ED.]

Anemia and Indigestion, With Possible Autointoxication in Consequence.

EDITOR MEDICAL WORLD:—Mrs. N., aged 27 years, with baby 15 months old, consulted me. I found no trouble beyond anemia and indigestion. The stomach has improved under two months' treatment, and her appetite is better. She still suffers nearly all the time, and at times very severely, with pains in the back of the neck, and in the muscles of the back and shoulders. She is not now constipated, and the monthly flow is regular. Can you suggest anything in line of treatment from this brief description?

Texarkana, Texas. Dr. J. N. WHITE.

[Pain in the back of the neck always causes one to think of uterin trouble in a woman who has borne a child, even tho the menses be regular. Investigate this by a thoro examination of the uterus, tubes, and ovaries by speculum, sound, and bimanual palpation. Look particularly to see if the os uteri is discharging anything into the vagina. Do not take the woman's statement on this, for how can she know? Many women have a uterin or vaginal discharge for years and do not know it.

If this be found negativ, we would examin the urin thoroly and repeatedly to see if there is any evidence of rheumatic trouble. If you exclude rheumatism and uterin disease, you will most probably find that she suffers from the effects of autointoxication from long continued constipation and indigestion. If so, elimination, thru all the emunctories, is indicated.

Meanwhile, while getting at the root of the trouble by repeated examinations as suggested, we would put her on salines every morning, half an hour before breakfast, regardless of her insistence that she does not need them. Also we would give alkalin diuretics, stopping them for a day or so on the slightest indication of stomachic derangement. Also we deem a tonic

Digitized by Google

elixir of strychnin, arsenic, and quinin would be good.—Ed.]

Vasomotor Rhinitis. — Incontinence of Urin in Aged.

Editor Medical World:—Can you, or any of your readers, tell me the cure for vasomotor rhinitis? Also cure for a case of incontinence of urin in a lady 76 years old? I will appreciate any information on the subject.

Malden, Mass. C. S. MacNeil, M.D.

[The Editors must confess their ignorance as to what you mean when you refer to "vasomotor rhinitis." Is this a term you apply to "hay fever" or similar affection? If so, the now well-known preparations of the adrenal or suprarenal glands are scoring many successes, as is the serum treatment devised by Gardiner. If it be an asthmatic form, then the ordinary intranasal examination will indicate appropriate treatment, depending upon the condition found. Complete cleansing of the passages with any of the approved mild antiseptics, followed by an oily spray containing the preparations of the glands mentioned, or a trace of menthol, will alleviate any case and cure the majority, whatever be the cause.

Half minim doses, hourly, of the tincture cantharides, will relieve nearly all cases of incontinence in the aged female, after due attention has been paid to removal of excessiv acidity or alkalinity of the urin. Of course, it cannot be given continuously, due regard being paid to the total amount of the drug ingested in a given period; but it is seldom necessary to approach the maximum dose.—Ed.]

Chronic Subacute Gastritis, With Fermentation.

Editor Medical World:—A farmer, aged 34, has been suffering for four years with pain in stomach. There is no soreness nor inflammation. He feels as if there was about a quart of hot water moving in stomach, which causes him severe pain. Bowels regular. Appetite good. Does not feel any worse after a heavy meal. Sometimes will get hungry in an hour after eating. If he eats, it relieves him some. Two tablespoonfuls of salts will bring a quantity of a dark, odorless liquid, which relieves him for three or four hours. Treatment has been cathartic, podophylin, calomel, muriatic acid, sulfuric acid, salicylic acid. No good. The only thing that relieves him is methylene blue compound. One tablet every four hours till urin is blue, then once a day for six days; this will relieve him for three or four months. Now, would like your advice on this case. A. R. Girard, M.D.

Point Pleasant, W. Va.

[Your patient suffers from chronic subacute gastritis, with fermentation. It is not likely that you will ever be able to get any drug which will remove the symptoms for "three or four months" by a few days' administration, except the one you have employed. Most physicians would be satisfied if they could produce such effects. Of course, however, you want to cure him so that he will not have to take anything. This will be a difficult matter. This trouble is essentially chronic, even with every facility for continuous treatment by rest, diet, lavage, etc. These measures are out of the question in his case. We could not devise anything which would promise better results, and advise your continuing on the same line.

You can probably silence the fermentation by giving him a 5-grain tablet of betanaphtol, crusht and washt down with a liberal draught of water every three hours, but you will have to give it more or less continuously for a considerable period. He should take a moderate dose of saline medicin every morning a half hour before breakfast, to remove the products of fermentation and decomposition. This treatment would probably prevent the development of the symptoms complained of. He should eat in moderation, and never take a "heavy meal." He should *not* eat again in an hour after eating. This will only distend the stomach and delay the pain, which will certainly be aggravated when it returns. An eighth to a quarter of a grain of nitrate of silver, in distilled water, taken twenty minutes before meals, will often remove symptoms of painful digestion. It is taken directly from a silver spoon, without dilution with water. If distilled water is not convenient, any very pure water may be used to make the solution, but it must be kept well wrapt to protect it from the light, and must be renewed every few days, as it does not keep well.—Ed.]

Credulity; Oxydonor.

Editor Medical World:—Let us give the Devil his due. In your reply to A. R. Gray, Palmyra, Va., in regard to the oxydonor, page 358, August World, you have very far overstept the mark. I know of one case of the most distressing suffering which ever came under my observation, to be relieved by the oxydonor, and I am over 80 years of age. A very close neighbor of mine, a lady, 28 years of age, slowly declined in health; after a time she began to suffer from abdominal pains, became dropsical, body enlarged and legs swollen, appetite failed, and she could not sleep. She was treated by a local physician for more than a year, she became very weak and emaciated. A doctor was called from town in consultation, who advised an operation, and wanted her to go to the hospital. Just about

Digitized by Google

this time three young women had died in the hospital from operations. This woman knew it, and she would not listen to an operation. She had become very weak and it was doubtful about her being able to bear an operation at this time. The doctors said everything had been done with medicin that could be done, and refused to do anything more. I was called in at this juncture. I mitigated her sufferings greatly, her appetite improved, and she gained weight and strength. She was an abnormal figure. I advised her to go to the hospital now and be operated on, as she was so much stronger, but she refused. In a couple of months she began to suffer again; got bad as ever, no appetite, little sleep, and in almost continual pain. Some one presented her with an oxydonor pamphlet, she read it and read the testimonials, she seemed anxious to try it. I had done all I could do with medicin, and was ready to try anything which promist relief, as her suffering was very great. I wrote to a man, whose testimony was in the pamphlet, and who lives in this state. This man wrote in the highest terms of praise of the oxydonor. Said he had owned one for seven years and had never needed a doctor in his family since he bought it. I ordered one for this woman, it cost $25. She was suffering intensely when it came. She applied it at once to her ankle, and strange to relate she slept sound that first night, free from pain, and continued to do so. She improved every way but the swelling and that seemed to be at a stand for two years. This woman gained in strength and enjoyed herself under the influence of that instrument for two years. At this time the abdomen apparently took a new start to grow. She could not breathe good. She went to the hospital, was operated on, and I was told by the husband two tumors were taken from her which weighed 75 pounds. She only weighed 70 pounds after the operation, from which she died in about two weeks. The effect of the oxydonor was so markt and prompt in this case that there seemed to be no possibility of a chance to doubt it.

A gentleman living in Asheville (14 miles from here), heard of this remarkable case. He had been a long sufferer from rheumatism and asthma. He came to see this lady and listened to her enthusiastic praise of the oxydonor. He had me order one for him. I did not see him for perhaps a year after he got the instrument. If possible, he spoke with more enthusiasm of the oxydonor than the lady had done. It had cured him of rheumatism, and greatly relieved his asthma. He said it had apparently cured his son-in-law of rheumatism which had confined him at home for several weeks at a time. The whole family used it for colds. The most remarkable thing he told was, he had a married daughter who was very obese; he said it had reduced her weight 20 pounds. Through this man's recommendation I ordered two others, but neither party derived any benefit. This article is much longer than I intended it. CHAS. CLIFF, M.D.,

Black Mountain, N. C.

[Your letter, Doctor, is about the most scathing arraignment of the contrivance that could be written, for it runs the whole scale of credulity in innocent victims, the pathetic tale of their being mulcted, of being deluded by a false sense of well being until too late to be rescued by scientific means. Moreover, in your own experience, it was worthless in 50 per cent. of the trials. Thru your influence the perpetrators got $100 for four insignificant devices that would be dear at $1. Doctor, the best thing you could ever do would be to tear an oxydonor apart. If, after that, you have any faith in it left, your case is hopeless.

The psychological effect of reading the testimonials and looking at the little tube is all there is in it or in its reputed cures. Your phrase, "enjoyed herself under the influence of that instrument for two years" expresses it exactly. A "Voo-doo" doctor, a supposed witch or any other thing presumed to possess mystery would have deluded this poor woman quite as long and thoroly. If, in place of "enjoying herself under its influence," she had submitted to operation in time, she would probably have recovered; at least, her having lived for two years while that tumor grew steadily indicates as much.

The man who had had one seven years and "had never needed a doctor in the family since he got it," reminds us of Mark Twain's horse chestnut, which he exhibited to a gaping audience with the remarks: "You have heard that if a horse chestnut be carried constantly in the pocket it will cure rheumatism. Some people don't believe that. Well, here is a horse chestnut that I have carried in my pocket for seven years, and I have never had a moment of rheumatism since I carried it." After the cheers had died away, he continued: "Yes, and it works both ways, for I never had any rheumatism *before* I carried it."

If the lady who had her adipose tissue reduced twenty pounds had only taught her oxydonor to talk, she might have gone on the lecture platform and met howling success with it.

Tear one open, Doctor; then go out in the back yard, swing your foot, and instinct will tell you what to do.—ED.]

BOOK REVIEWS.

LECTURES ON COSMETIC TREATMENT. A manual for practicians. By Dr. Edmund Saalfeld, of Berlin; translated by J. F. Halls Dally, M.A., M.D., M.R.C.P., Lond., with an introduction and notes by P. S. Abraham, M.A., M.D., B.Sc., F.R.C.S.I., Surgeon for, and Lecturer on, Diseases of the Skin, West London Hospital and College; late Surgeon to the Skin Hospital, Blackfrairs. Publisht by Paul B. Hoeber, 69 E. 59th St., New York, N. Y. Price, $1.75.

Contains 178 pages and an index. This is the second edition of Saalfeld's lectures, and the translator has followed him closely, without omis-

Digitized by Google

sion or alteration. Both metric and imperial weights and measures are given in the original prescriptions. An appendix takes up Water, Washing the Face, Baths, Fats, Soaps, and Ointments. The body of the work touches upon a field wherein the general practician is profoundly at a loss, and yet if he were competent to satisfactorily handle this class of cases, he could be sure of adding to both his income and prestige. While by no means a complete treatise, it gives enuf to permit of the otherwise well-informed physician following out the principles which Saalfeld has proven so successful in actual practise. It is the little things like crackt lips, baldness, red nose, wrinkles, removal of tattoo marks, corns, warts, bad complexion, etc., which often puzzle competent physicians, and there is no reason why those who suffer from such "trivial complaints" should be forced to consult the quack to gain a respectful hearing. The book will give vital information to those who have enuf energy to study the matter.—A. L. R.

HOOKWORM DISEASE. Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis, and Treatment. By George Dock, A.M., M.D., Professor of the Theory and Practise of Medicin, Medical Department Tulane University of Louisiana, New Orleans, and Charles C. Bass, M.D., Instructor of Clinical Microscopy and Clinical Medicin, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price, $2.50. C. V. Mosby Company, St. Louis, Publishers.

This book is both timely and notable; it comes at a time when every doctor needs to know the symptoms. diagnosis, and treatment of hookworm disease, and it is written by men who have been born, raised, and are still practising in the infected regions. It is eminently practical, since these authors are not of the class of laboratory physicians who write too many of our text-books. The importance of recognizing and treating the "slight cases" and "hookworm carriers" is emphasized. The entire history, not only of the disease, but also of the hookworm, is given, so far as now known. Full amount of space is devoted to zoologic features of the worm; distribution and modes of infection; pathologic anatomy and pathology of the victims of the disease; symptomatology, with many pictures of the victims, taken from life; every phase of diagnosis, including examination of the feces and differentiation of the eggs of the hookworm; prognosis; prophylaxis; treatment; and tabulated statistics showing effects of treatment and blood counts. It is not a book which the modern physician can spare if he seek to be abreast of the times. The authors do not claim to have learned all that is to be known of hookworm disease, but insist that we are but beginning to grasp the immense importance and the scope of the study, and to realize how little we really do know of the matter. Any one reading the book should be competent on all matters of diagnosis and of treatment of this modern scourge.—A. L. R.

DIAGNOSTIC URINALYSIS. By Dr. M. D. Hodge, Jr., Professor of Clinical Diagnosis, University College of Medicin, Richmond, Va. Sold by The Physicians' Drug News, Newark, N. J., 1910. Price, $1.

It has only 93 pages, but they are all full of meat. Only practical and reliable tests are given, and every doctor should own the apparatus to make any of them. It is brief, convenient, compact, and dependable; just the requirements the general practician demands. It not only teaches one what to look for, but tells him what it portends when it is found; hence it will aid one in both diagnosis and prognosis. No effort is made to delve into intricacies which have no diagnostic value, nor is any attempt made to say the last word that could be said about the urin. It is a model of terse and useful information for the doctor's test case or laboratory table. It can replace more cumbersome books with decided advantage to the busy man.—A. L. R.

HYGIENE AND PUBLIC HEALTH.—By Arthur W. Whitelegge, C.B., M.D., B.Sc. (Lond.), F.R.C.P., D.P.H., and George Newman, M.D., D.P.H., F.R.S.E. New and revised edition. Illustrated. Publisht by Funk & Wagnalls Company, New York, N. Y., 1910. Price, $1.75.

Contains 634 pages and an index. This is the eleventh edition. This is an excellent manual upon the subject, but too thoroly English to prove satisfactory to the average American physician. While the fundamental principles of health and hygiene, and diseases and the known laws of their prevention and transmission are world wide, the laws cited vary widely from ours and the environment and habits of the people are not similar. Frequent use of such abbreviations as "S. A.," "M. O. H.," "L. G. B.," and reference to rules, acts, and orders to which the American reader has no access, are distracting and annoying. The work is devised for the use of the student and health officer, and it is certainly a valuable guide for such a one in England. Water, sewage, bacteria and disease, ventilation, industrial poisoning, antiseptics and deodorants, destructors, ground water and ground air, and many other subjects are superbly handled. It is regrettable that the work had not been revised for the use of American students.—A. L. R.

SOCIAL INSURANCE. A Program of Social Reform. By Henry Rogers Seager, Professor of Political Economy in Columbia University. The Kennedy Lectures for 1910, in the School of Philanthropy, conducted by the Charity Organization Society of the City of New York. Publisht by the Macmillan Company, New York., N. Y., 1910. Price, $1 net.

Contains 175 pages, divided into six chapters, as follows: "The Common Welfare"; "Industrial Accidents, Illness, and Premature Death—Prevention"; "Industrial Accidents, Illness, and Premature Death—Compensation"; "Unemployment, Causes and Remedies"; "Provision for Old Age"; "Next Steps in Social Advance." Our social and industrial customs are severely arraigned, and lose much of their glory when compared with the systems maintaining in the older countries of Europe. The argument is logical and convincing, and the conclusions impel respect. "The present wanton sacrifice of lives and limbs is a national disgrace. The final method of checking accidents is to make them costly to employers." These sentiments are correct, as any thinker is forced to admit, and they ought to sound ominous to employers. Every business ought to pay enuf profits (and does) to care for those injured in carrying it on, and if the employers will not do so voluntarily they will be forced to do so by legal enactment at no distant future.—A. L. R.

"The Land Owner."

A book of over 100 pages on conveying real estate, giving facts that every county official, notary public, justice of the peace, and lot and landholder should read. Price, postpaid, 30 cents. Cloth, 50 cents. E. W. Alberty, Pittsburg, Kan.

Digitized by Google

OUR MONTHLY TALK.

In our last Talk we left the President in an attempt to rid the party (or rather, rid the campaign) of Cannonism, Aldrichism, and Ballingerism. Aldrich, evidently agreeable to this program, promptly reiterated his intention to retire from the Senate next March. Cannon, after "blowing off" awhile, ceast to be heard or heard of, except his recent renomination at the primaries in his district by a greatly reduced vote, has been a matter of news. But Ballinger is a "sticker," tho the recent republican primaries in his state, Washington, discredited him.

But during the past month there has been a great deal more than the above going on. The republican party has become violently insurgent. The change to radicalism is as rapid in the republican party now as it was in the democratic party in the mid-90's. The old-time republican leaders have been slaughtered unmercifully. Hale, of Maine, had announced his intention to retire with Aldrich, but there was "a string to it," as has since been shown. But the "string" was rudely broken by Maine going democratic! (think of it!); and now Hale will not be succeeded by himself, nor by another republican, but by a *democrat*. Burrows, of Michigan, another old leader in the Aldrich clique, has been defeated by his own party at the primaries. Boutell, of Illinois, one of Cannon's chief aides and supporters in the House, has been eliminated in the same way. Also Representativ McKinlay, of California, a Cannon aide and chairman of the republican congressional campaign committee. Also Representativs Hull, of Iowa, and Scott, of Kansas, prominent standpatters; and Sibley, of Pennsylvania, has been forced to withdraw, after spending over $40,000 for his nomination. And this is only a part of the story of republican insurgency during the past month. Cannon and Dalzell have been saved from the wreck, but their greatly reduced vote at the primaries shows a rapidly waning popularity in their own party, and they may possibly be defeated by democrats at the election in November. And the latest returns indicate Tawney's defeat at the Minnesota primaries, and Vice-President Sherman's decisive defeat in his own town and ward, for delegate to the New York republican convention. This last is a great surprise, and indicates that insurgency is in dead earnest.

All this shows a very rapid change of sentiment and of leadership in the republican party, quite similar to the change in the democratic party in the mid-90's. In this connection please read the following, which appeared in the Topeka *Capital* for July 6th:

THE POPULISM OF TWENTY YEARS AGO.

There is a reason why the old-time Populists of Kansas should support the Republican party in its progressiv purposes, at least, and its progressiv candidates, and it is a fact that the scores of thousands of Kansas Republicans who left the party under a former conservativ leadership came back to it under the leadership of Roosevelt.

The Springfield *Republican* has gone back thru its files and dug up some of the platform declarations of the Populist party of 1892, and they certainly have a familiar sound to-day. This plank, for instance, has been carried out by the Republican party:

"We believe that the powers of the government—in other words, of the people—should be expanded . . . as rapidly and as far as the good sense of an intelligent people and the teaching of experience shall justify."

Here is another:

"We demand a graduated income tax," said the Populist platform of 1892. And last year a Republican Congress and President sent in an income tax constitutional amendment to the people with their official blessing.

Notice this Populist plank, just "redeemed" by a Republican Congress:

"We demand that postal savings banks be establisht by the government."

Kansas has gone further and establisht a state guaranty system as well, something the Populists didn't think of.

Here is a favorit Populist declaration from the same 1892 platform, since carried out by the Republican party in Oregon, proposed in Massachusetts, and favored by the progressiv Republicans of Kansas:

"We recommend the legislativ system known as the initiativ and referendum."

And here is another that progressiv Republicans are advocating:

"We favor the election of senators of the United States by a direct vote of the people."

Observe the Pinchotism of the following plank of the Populist platform of 1892:

"The land, including all the natural sources of wealth, is the heritage of the people and should not be monopolized for speculativ purposes."

Progressiv Republicanism has come over to Populist ground on the general line of all of that party's issues, except government ownership of railroads and on the money questions. The country does not believe in "fiat" money by a long shot, nor in trying to jack up the value of silver by calling 50 cents' worth a dollar. But along the general line of a government closer to the people, more representativ and more thoroly democratic in its purposes and methods, and in resistance to corporate exploitation of the people, the progressiv Republicanism of 1910 bears a close family resemblance to the Populism of 1892.

As to the railroad exception in the above, the program of Government control of rates and capitalization, physical valuation, etc., is a preparation for and a step directly toward Government ownership, if the latter shall ever be deemed desirable, or ever be achieved. And as to the money question, the only reason that the populists favored free silver coinage was to get more money into circulation—a very important need in the early 90's, when the per capita circulation was only about $21, and the prices of farm products were at a ruinously low level. Now, with the greatly increast production of gold and changes in our money legislation, the per capita circulation is over $34, and the prices of farm products are very satisfactory to the farmer, and farmers are prosperous. So even these two apparent exceptions to the populist program (transportation question and money question) have progrest quite satisfactorily to old-time populists.

But what's the difference whether it is populism, democracy, or republicanism; just so we get a government which will be close to the people, responsiv to the people's needs, and under which every individual will have a fair opportunity? Mr. Pinchot, at Denver, sounded a note that should be borne in mind by men of all parties:

The great movement that is sweeping the country—call it insurgency or what you will—is the idea that it is better worth while to help the small man make a living than to help the big man make a profit. If I were making a political speech, I would ask the authors of the Payne-Aldrich tariff law if they had that idea in mind when they framed that measure.

Perhaps the biggest political event since our last Talk was the western speaking tour of Roosevelt, Pinchot, and Garfield. Mr. Roosevelt's Osawatomie (Kan.) speech was the most important, and the gist of it is given in the following clipping from the Philadelphia *Ledger* for September 1st:

Colonel Roosevelt declared himself in favor of a wide increase in the power of the National Government, so

that it might assume greater activity in control of corporations and in working out the policies which he believes should be adopted. He declared for the "new nationalism," as he termed such an increase in governmental power.

Mr. Roosevelt characterized the issue of the day as "the struggle of free men to gain and hold the right of self-government as against the special interests, who twist the methods of free government into machinery for defeating the popular will.

ROOSEVELT'S RADICAL PLATFORM.

The ex-President declared himself in favor of these principles:

First.—Elimination of special interests from politics.

Second.—Complete and effectiv publicity of corporation affairs.

Third.—Passage of laws prohibiting the use of corporate funds directly or indirectly, for political purposes.

Fourth.—Government supervision of the capitalization not only of public service corporations, but of all corporations doing an interstate business.

Fifth.—Personal responsibility of officers and directors of corporations that break the law.

Sixth.—Increase in the power of the Federal Bureau of Corporations and the Interstate Commerce Commission to control industry more effectivly.

Seventh.—Revision of the tariff, one schedule at a time, on the basis of information furnisht by an expert tariff commission.

Eighth.—Graduated income tax and graduated inheritance tax.

Ninth.—Readjustment of the country's financial system in such a way as to prevent repetition of periodical financial panics.

Tenth.—Maintenance of an efficient army and navy large enuf to insure the respect of other nations, as a guarantee of peace.

Eleventh.—Use of national resources for the benefit of all the people.

Twelfth.—Extension of the work of the Departments of Agriculture of the National and State Governments and of agricultural colleges and experiment stations so as to take all phases of life on the farm.

Thirteenth.—Regulation of the terms and conditions of labor by means of comprehensiv workmen's compensation acts, State and National laws to regulate child labor and the work of women, enforcement of better sanitation conditions for workers and extension of the use of safety appliances in industry and commerce, both in and between the states.

Fourteenth.—Clear division of authoritv between the National and the various State governments.

Fifteenth.—Direct primaries, associated with corrupt practices acts.

Sixteenth.—Publicity of campaign contributions, not only after election, but before election as well.

Seventeenth.—Prompt removal of unfaithful and incompetent public servants.

Eighteenth.—Provisions against the performance of any service for interstate corporations or the reception of any compensation from such corporations by national officers.

Congressman Victor Murdock, of Kansas, gives the insurgent platform as follows:

A revision of the tariff downward, schedule by schedule.

The physical valuation of railways as projected in the railway bill, and later cut out.

The enactment of a direct primary law everywhere for every state.

The elimination of Cannonism, not of Cannon, but the utter change in the methods of selecting committees of the National Legislature with the view of putting right men in the right places.

The simplification of the methods of procedure in the Federal Courts.

Another Insurgent Program.

In an article by Judson C. Welliver, entitled "Is Roosevelt Inevitable?" in *Hampton's Magazine* for August, occurs the following:

What would an insurgent party make its program? It might be called republican, or democratic, or progressiv, or radical—why not, by the way, be honest like the British, and use the good, old, meaningful terms radical and conservativ?—but what would it favor? A fair guess is that it would advocate as its immediate program:

Government-made railroad rates, or at least absolute government supervision of their making, and like control of the service.

Absolute control by government of all capitalization of corporations doing interstate business, and like control by the states of corporations doing only state business.

Opposition to industrial monopolies and enforcement of anti-trust laws.

Publicity of all contributions and expenses during and after political campaigns; perhaps legislation requiring that all campaign funds be provided by the government, as once proposed by Roosevelt.

Scientific employer's liability legislation.

Conservation of natural resources and of community interests, such as franchises, social monopolies, etc.

Popular election of senators.

Real tariff revision, based on the difference in the cost of production at home and abroad, producing scientific readjustment after proper examination of conditions by a commission.

Public ownership of municipal facilities.

Civil service reform which would take the non-electiv offices absolutely out of politics and place them strictly on a merit basis.

A toll-free Panama Canal.

Smaller appropriations of public money for war and larger for peace.

Reform of House of Representativs and Senate in the direction of making them truly representativ by destroying the system under which each has come to be bossed by an oligarchy of special agents of high privilege.

Restoration of state legislatures to a self-respecting status.

Income and inheritance taxes.

Initiativ, Referendum, and Recall.

Popular primary nominations for all offices.

A thorogoing corrupt practises law.

But it makes no difference whether Roosevelt is inevitable or not. It is not a question of men, nor party, but of principles. And certainly progressiv principles are inevitable in this country Further along in this article the following is found:

FRIENDLY TO REFORM, OFTEN UNFRIENDLY TO REFORMERS.

If we examin his record we will see that there is good ground for the charge that Roosevelt cannot brook competition in the business of reforming. Take the case of La Follette. Roosevelt and La Follette seemed to be fighting for the same general ends. But La Follette was always opposed by Roosevelt. The La Follette delegation to the republican national convention of 1904 was thrown out of the convention. The patronage and countenance of the national administration were given without stint to Spooner and the "stalwarts," in their fight to kill off La Follette. Every sympathy of Roosevelt was manifestly with the anti-La Follette wing.

In Iowa, likewise, during the long, heart-breaking struggle which Cummins led for the destruction of the railroad political oligarchy, Roosevelt was always counted against Cummins and for the oligarchy.

In Illinois, when the better elements were making a determined fight to unhorse Senator Hopkins, Roosevelt made Hopkins chairman of the committee on resolutions of the 1908 national convention, giving him an indorsement that resulted in Hopkins carrying the primaries—and the unspeakable Lorimer becoming senator!

In Kansas, when Long, a rank corporation senator, was fighting for a renomination, Roosevelt's influence was thrown for him as against Bristow.

In Oklahoma, Roosevelt was the leader of opposition to a state constitution which intelligent publicists have widely accepted as the lateset and most emphatic word for progress in constitution making.

In Pennsylvania, the exposure of the state capitol graft having endangered the republican control of the state, Roosevelt spoke in favor of party regularity at a time when every other leader of reform sincerely believed a republican defeat would be a magnificent achievement for the cause of progress.

In Massachusetts, Roosevelt has always and uniformly been the friend and supporter of Henry Cabot Lodge, who is an absolutely dependable tory.

To such men as Joseph G. Cannon, James E Watson, and other leaders of toryism in Congress, Roosevelt wrote letters which, publisht at the height of crucial political campaigns, served as indorsements of the reactionaries to whom they were addrest.

In Cleveland, Roosevelt practically commanded Theodore E. Burton to accept the republican candidacy for mayor against Tom L. Johnson, leader of the remarkable reform and humanitarian movement in that city. Burton had the support of the municipal monopolies, the "regular" republicans and Roosevelt! And yet Johnson received nearly 10,000 majority of the vote.

In such cases as these is summarized the whole case against Roosevelt leadership. He is for reform, but too often against the reformers. He would try to club re-

Digitized by Google

form out of Payne and Cannon and Aldrich, and he has shown a disposition too often to snub the life out of La Follette and Cummins and Tom Johnson and others of their kind.

The Public, of Chicago, for September 2d, makes the following comment on Mr. Roosevelt:

He has voiced no disapproval of the tariff revision betrayal, nor of the attempt—foiled so far by Pinchot and Glavis—to give over to the Guggenheims the rich Alaska coal fields.

Progressiv leaders in many states have waited in vain for the word of encouragement from Oyster Bay that would have made their battle easier of winning.

La Follette, fighting a desperate fight in Wisconsin, has heard no outgiving calculated to help him.

The progressivs of Iowa and Kansas won without any aid from the man who claims to be the embodiment of progressivism.

When the claim was made that Mr. Roosevelt sympathized with the insurgent cause in California, he promptly denied it over his own signature.

So let us not worship Roosevelt, nor any other *man;* but let us always keep principles clearly in mind, and work for *them*. I quote below a part of an able and enlightening editorial in the Philadelphia *North American* for August 12th on

What Insurgency Is.

It is no new thing. It is simply the latest manifestation of a thing, maybe not as old as the hills, but as old as civilization and human progress.

Insurgency in our politics to-day is, in essence, exactly what insurgency has been thruout all history—the protest against constituted authority that has degenerated into tyranny and against establisht laws that, in the light of increast knowledge, are patently obsolete and oppressiv.

Ever and always, from Christ to Washington, the great insurgent of his day represented the force of deeper understanding, wider foresight and fuller moral earnestness in conflict with the vested and traditional wrongs rooted in ignorance and reaction.

Bacon, in philosophy; Newton, Harvey, Jenner, Darwin and Pasteur, in science, Hugo and Ibsen and Wagner, Da Vinci and Rodin—all were insurgents, no less than Galileo and Columbus and every other pathfinder for the progress of the world.

The true insurgent leader never starts by being a revolutionary. John Wesley did not mean to found a new church any more than Columbus purposed the discovery of a new continent. And so with the political insurgent of to-day, who aims at the destruction of no old party, but only at its revivification. Insurgency is forced into revolution and establishes a new party only under compulsion.

Invariably the insurgency of peoples has been the struggle for liberty against the oppression of a privileged class; whether that class were religious, feudal, or economic mattered not. Always the same principle as expounded by a few, at first scoffed at, was heeded by more and more and ultimately prevailed. Despite no matter how many preliminary defeats, insurgency has won always and must win always. Because the world must move forward always.

The folly of the misguided observer lies in the failure to see an insurgent victory in the enforced and reluctant adoption of the doctrins of insurgency by the frightened forces of reaction.

Modern American insurgency means very much more than the hurt or the betterment of the machines of the republican or the democratic party. It is the war of an awakening people against waste.

Whether its strength be exerted against the sodden rulers of a misgoverned city such as Philadelphia; against the greedy arrogance of an illiterate lout of a boss of the type of Cox; against the villainy of Lorimerism in Illinois, perverting the will of the decency of all parties; against the cankering dominance of the Southern Pacific in California with the attempted assassination of Heney as a logical consequence of forty years of villainy; against the attempted rape of the tremendous wealth of Alaska with cabinet connivance; against the robbery of millions from our helpless Indian wards; against the worst hurts to the protectiv system by the dishonest sugar, cotton, rubber and other schedules that stand for the private greed of Aldrichism and Cannonism; whether the protest be against the destruction of the child by impure air or food or foul tenements, or against the devastation of the people's forests and the monopolization of their water power for the enrichment of a few—the protest of insurgency in every instance is the protest against indefensible waste.

In every instance the demand of insurgency is simply that the whole people shall have the full value and the full use of what is theirs.

What puzzles the "practical politicians" is that insurgency binds itself to no one fixed method of advancing that demand. They are too blind to see that being a force and not a party—not a machine for the selfish aggrandizement of any group of men—it is crampt by no hard-and-fast limitations of its militant methods, but uses freely the weapons nearest to hand.

In Kansas and Iowa it has taken over the government and the offices and has placed the reactionaries and the national administration in the comical attitude of antagonism to the "regular" republican organization in those states.

But it was insurgency that made honest republicans elect to Congress nominal democrats in New York and Massachusetts, and upheld the hands of Hughes against the vicious alliance of Tammany and the republican bosses at Albany.

Insurgency does not aim at the creation of any new national party any more than at the perpetuation of the present control of either of the old parties. It can be cribbed, cabined, and confined by no party label nor political machinery. It is not, nor can it become, the property of any party, any more than patriotism or morality.

The man so deluded that he cannot see that the system which is the chief curse of this country to-day—the unholy marriage of Big Business and politics—is thoroly non-partizan, is the only man incapable of understanding that insurgency is exactly as non-partizan as the things it is determined to destroy—graft and privilege.

Much more might be said concerning movements in National politics, but it is all concentrated in the advice that I have given you all along during this campaign; and that is, vote either for a progressiv democrat or an insurgent republican for Congress. Not much difference between them; and not much difference between an "old line," or Cleveland, democrat, and a Cannon republican. And there are a few things more that I *must* say. Woodrow Wilson, President of Princeton College, has been nominated by the democrats for governor of New Jersey. If he should be elected, he will be put in training by the conservativ democrats for president in 1912. Just look out for this. He is already talking about limiting corporation control to states. In the recent Conservation Convention at St. Paul the "interests" had much to say about the "constitutional rights of the states." But when the "interests" think that their advantages lie in Federal control, they speak of "the baneful doctrin of states' rights." Capital has no principles, no creed, other than its own advantage; and the same is true of "Big Business." It stands as ready to use the democratic party, if it can, as it has been to use the republican party all these years. And if the republican party gets too insurgent, "Big Business" will try to make the democratic party conservativ again, under Woodrow Wilson, of New Jersey, or Judson Harmon, of Ohio, as candidate for president. So while the insurgents are capturing the republican party, the progressiv democrats must not let the "interests" recapture the democratic party. Indeed it is a pity that old party traditions stand in the way of insurgent republicans and democratic democrats marching together under the same flag. Please remember that up to the present time, Wilson, Harmon, Roosevelt, and Taft stand as opposed to the Initiativ and Referendum. The time must soon come when *every* political leader of *every* party *must* advocate Direct Legislation by means of the Initiativ, Referendum, and Recall. And this brings us to

Arkansas.

The state election occurred September 12th, and the overshadowing feature was the Initiativ and Referendum Amendment to the state consti-

Digitized by Google

tution, for convenience called Amendment No. 10. In last Talk I exprest fear that Governor Donaghey was "weakening." There is no doubt that considerable pressure was made upon him, but it is my great pleasure to say that he remained true to Amendment No. 10, and upon his invitation Mr. Bryan toured the state during the last four days of the campaign in support of the Amendment. I also said that the *Arkansas Gazette* was democratic in name only, and intimated that it was being used as a tool for the defeat of the Amendment. As the campaign progrest, I was happy to see that the *Gazette* opened its columns seemingly inpartially to both sides, tho editorially it opposed the Amendment. Particularly did its issue for Sunday, August 28th, show a commendable impartiality in accepting contributions on both sides. I hoped to be able to say in this Talk that, after all, the *Gazette* had proved itself to be a broad gauged newspaper. But its issue for Sunday, September 11th (the day before the election), makes it impossible for me to say so. That issue was used "to the limit" by the forces and interests opposed to the Amendment.

But the good part is that the Amendment was carried after all; and I hope during the next few years Arkansas will demonstrate the fact that Direct Legislation is particularly adapted to a southern state population in which there is a large black and ignorant element. When it comes to voting on measures, the ignorant and indifferent usually fail to vote, thus leaving the decision on these questions to those sufficiently intelligent to have an opinion—a very desirable condition. The success of the Amendment was due to a number of factors, among them being the Governor, organized labor, and the Farmers' Alliance. But Mr. George Judson King, of Ohio, who was sent to the state to manage the Referendum campaign, stimulated and coordinated these and all other forces favorable to the Amendment; and without his tremendous work and heroic devotion to the cause during three and a half months previous to the election, the Amendment would undoubtedly have been lost. The special disadvantage that had to be overcome was that in Arkansas a majority of all the *votes cast* were required; so if a man voted for candidates and did not mark the Amendment at all, his vote would be counted against it. So this mass of ignorance and indifference had to be overcome, as well as the real opposition to the Amendment. If it had not been for this unusual provision of the Arkansas constitution, there never would have been any doubt as to the carrying of the Amendment, and so hard a campaign would not have been necessary. This peculiar condition does not exist in other states, and it will no longer exist in Arkansas, as this Amendment changes this, and ignorance and indifference can no longer stand in the way of progress there. Considering the peculiar conditions in Arkansas, and the power and influence of the opposition, the successful and emphatic carrying of Amendment No. 10 by a decisiv constitutional majority, as conceded by its enemies, is a *great* victory for Direct Legislation. And I feel certain that Arkansas will now enter upon such a development of its citizenship as it never knew before. This is one of the great values of Direct Legislation: it develops citizenship.

Colorado.

While Arkansas has just taken its place among the Referendum states, Colorado will not be far behind. The story in Colorado is briefly this: The present legislature of Colorado is democratic. When it was elected the platform promist certain things, among them the submission of an Initiativ and Referendum Amendment to the constitution. The legislature last winter failed to fulfill this and some other platform promises. Governor Shafroth recently called the legislature in extra session to redeem these promises—and he prudently chose the time when county conventions would be convening, so that the legislators could "hear from home" in the form of convention resolutions. This helpt very materially; and to make a long and interesting story short, the legislature has submitted an almost ideal Direct Legislation Amendment to be voted on at the general election in November of this year. The difference between Arkansas and Colorado is this: There was no trouble getting the Amendment thru the Arkansas legislature, but the trouble was in getting it adopted by the people—largely on account of the special disadvantage above explained. The trouble was to get it thru the Colorado legislature; but a hard and expensiv campaign before the people of Colorado will not be necessary. It is expected to pass at the November election by a very large majority, without a special campaign in its behalf.

So we can count two states won for Direct Legislation this year. And Arizona and New Mexico will make their new constitutions in October. It is practically certain that Arizona will include the Initiativ and Referendum, and it is to be hoped that New Mexico will do so also. So this will be a pretty good year for Direct Legislation.

Next Year.

Now, as to next year: In Nebraska a demand for the Initiativ and Referendum is in the republican, democratic, and populistic platforms. So it seems certain that next winter the legislature of Nebraska will submit a Direct Legislation Amendment to the state constitution, to be voted on at the next general election.

In Kansas the situation is equally interesting, and the result seems equally certain. Here is the plank in the democratic platform:

> We demand the Recall and we reiterate the demands of our state platforms for many years for the Initiativ and Referendum.

And here is the way that the republican platform puts it—and my scissors went a little further and clipt some other good things:

> We believe that the first duty of every party is to put the responsibility of government as directly as possible into the hands of the voters, giving the people veto power not only upon undesirable laws, but upon those who enforce the laws. To that end we pledge our state senators and representativs to that principle and declare for the following policies:
>
> To submit to the people in the election of 1912 a constitutional amendment giving the people the power to recall officers of city, county, and state governments whom they believe to be derelict or unfaithful, under procedure similar to that now granted to cities of the first class adopting the commission form of government, and to give the recall promptly to the people upon every officer under legislativ authority.
>
> To submit to the people of Kansas a constitutional amendment in 1912 giving them the right to initiate legislation and to vote upon certain legislativ enactments—the amendments that have been adopted by the states of Maine, Oregon, and South Dakota, with a 5

(Continued over next leaf.)

Digitized by Google

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII NOVEMBER, 1910 No. 11

The Erlach-Hata Preparation for Syphilis: Or "Substance 606."

On June 30, 1910, announcement was made thru the *Deutscher Medizinische Wochenschrift*, by Neisser, of the discovery and manufacture of a new syphilitic treatment which is said to produce marvelous results. This is a new synthetic substance produced thru repeated efforts to obtain a sterilizing agent which could be used by the mouth or hypodermically which would kill the germs of disease in the body without affecting the tissues. It is said to have been called "substance 606" because 605 previous trials had not yielded satisfactory results. It is a product of an organic arsenical compound with the chemical name of dioxydiaminoarsenobenzine, and it is said to readily attack not only the spirochæte which are credited with being the germ of syphilis, but also to cause astounding improvement in the visible lesions of syphilis. About six grains are given, and the skin lesions show swelling and increast redness after 24 hours, while there is a markt rise in the body temperature. Six grains have been given intravenously, and almost a half more intramuscularly, and it is injected in a strongly alkalin solution with a bulk of five drams.

It is too soon yet to estimate the value of this new agent, and we are departing from our policy of withholding editorial comment till after any new agent had proven its right to existence thru repeated and widespread tests in all parts of the country and under varying environment, only because lay reporters have heard the news and are getting busy grinding out copy which will doubtless prove startling. The physician can calmly await the results of the extensiv experimentation that is sure to go on at the hands of many inveterate experimenters. In time we will have facts upon which we can base an intelligent judgment, and in the meanwhile, the limitations of the new treatment will have been ascertained, for it is certain to have limitations and contraindications. Already some of those who have workt with it are declaring that it is not suited to the needs of the general practician. Blindness has already been noticed as a frequent sequel to its use.

It is a yellow powder, difficult to get into solution, and more difficult to keep in solution till it can be injected, being quickly precipitated. Formerly it took an hour to dissolve it; but lately, by adding pure alcohol, it dissolves more quickly; the solution must be prepared just before use, however. The solution is a strongly acid one, and must be neutralized by an excess of sodium hydroxid. The resulting alkalinity is again modified by cautious addition of acetic acid before injection. The reaction is violently inflammatory; so

Digitized by Google

much so that some observers are advising that the dose be divided and injected into different portions of the body. This characteristic also forces a greater dilution when the medication is to be injected into a vein.

With this statement of what is now known of this "substance 606," we will rest the matter until enuf is known to make it a practical measure against syphilis, when placed in the hands of and injected by the general practician. Even if the astounding claims now being promulgated prove to be mainly true, we cannot say that we are enthusiastic over the matter. If it be true that a man may hereafter acquire syphilis and be cured in 24 hours, we are positiv that it will be to the everlasting damage of rectitude and morality.

Hiccoughs.

This annoying affection often taxes the therapeutic skill and acumen of the physician, and proves most distressing to the patient when it is persistent. Indeed, many physicians of extended experience will readily recall cases in which death occurred from no other assignable cause. It may appear in the course of what appears to be an otherwise mild affection, and continue for many hours and days, despite all measures tried for relief. Indeed, it seems that the affection grows more inveterate and harder to relieve with every hour the symptom persists. It may be taken as a safe rule to follow, that if the symptom persists over two or three hours, the most vigorous treatment should be instituted.

It is essentially a spasmodic action of the diaphragm, presumed to be set up by a reflex action thru the phrenic nerve. The irritation may be due to a variety of causes.

Without any definit knowledge of the etiology of the affection, the treatment must necessarily be symptomatic or empirical, to a certain extent. Only those who have been harassed by one or more cases, perhaps with a fatal issue, will appreciate the despair with which the physician turns to text book after text book on the practise of medicin, only to learn that the affection has been too trivial to interest the author, and absolutely no mention is made of it or any therapeutic suggestions given for its relief. It is not in the hope of offering anything really new, but in the desire to repeat what is already known so that it may be recorded for future needs, that we mention it at this time, at the request of a subscriber.

Morphin, in full dose hypodermically, will often cut short an attack; but the practician is frequently disappointed to find that the hiccough returns promptly as soon as the effects of the narcotic begin to die away. It is generally believed that it is better to combine full doses of atropin with the morphin; in fact, some physicians prefer giving full doses of the atropin, alone. Shannon reported some years since, a case which had persisted for six days, in a male patient aged seventy-six years, which was immediately banisht by the hypodermic injection of one-twentieth grain of apomorphin. Duboisin has been repeatedly used successfully. A firm, wide, and unyielding belt of cloth, or one made of layers of adhesiv plaster has served the writer well; it is placed around the epigastrium. Tongue traction, maintained for several minutes, has relieved obstinate cases. A simple measure, which may be tried as a preliminary to more energetic treatment, is to instruct the patient to take deep breaths, and to hold the inspiration for as long a time as possible. Two to ten grains of pepper, in pill or in syrup, have been used with benefit. Zinc valerianate and extract of belladonna, in pill, have proved satisfactory. Twenty to thirty minims of spirit of ether may be given by the mouth, and a spray may be thrown upon the epigastrium for ten minutes, and then directed upon the site of the phrenic nerve in the neck. Chloral and musk are the old classical remedies, but too frequently fail. Pilocarpin has proven of value in inveterate cases.

One should not persist too long in the use of any remedy which fails to inhibit the spasm at least for a time. It will often be found that any of the agents named above will hold the spasm in abeyance for a time, when it again breaks forth with as much vigor as ever, in which case, it will be well to use larger doses or to take up some of the other agents.

But before "dosing" for this affection, it is well to clear the alimentary tract, to remove any irritating substances that may be in this most likely location. Full and free emesis is frequently followed by complete relief. If not, then follow with an enema; then, if necessary, with a laxativ or cathartic. It is only then that the above mentioned dosing should be indulged in, if the symptom should persist.

The Technic of Skin Grafting.

Skin grafting is not taken advantage of as it should be by the general practician. Indeed, in the hospitals, also, it is not used so frequently as it should be employed. The hospital interne shuns it because it is a lot of trouble to attend to a case of skin grafting with the frequency and detail which are necessary to insure success. The general practician has absorbed the idea that it is a complicated and difficult procedure requiring considerable experience and an elaborate technic. These views are both in error. No trouble is too much when the usefulness of a limb is in the balance, or when failure to adopt a certain measure means prolonged suffering for the patient. Failure to employ the skin graft is censurable under such conditions. The treatment should not be considered as only fitted for the cases in which healing is impossible without it; it should be employed whenever it is certain that it will hasten healing, or when a better cosmetic or functional result is promist by its use.

Burns of extensiv area furnish ideal cases where skin grafting should be considered imperativ. It should be employed as soon as possible after separation of the eschar, so that scarring and consequent contraction may be prevented as far as possible. The pus invariably present is no contraindication, since asepsis or antisepsis take no part in the skin grafting operation. Indeed, antiseptics will kill the grafts, and must not be used. Very large burned areas will not heal without skin grafting, and even comparativly small lesions heal more rapidly under its use.

New skin grows only from the margins of the lesion, and even in the most vigorous subject, can hardly be expected to extend over three inches. Oftentimes, especially if the subject be poorly nourisht or anemic, the extreme limit of growth is not more than half this extent. There is always less scar tissue formation, and always less contraction following what does occur, when skin grafting is used than when the lesion is allowed to heal by granulation. It is not necessary that the skin used in the grafts be taken from a human body; the skin of a frog does quite as well, or it may be taken from any of the lower animals. Another fallacy may be mentioned here; the old idea being that the grafts must be extremely small. Smith reports a case of skin grafting in burn with excessiv pus formation, where the skin from frogs was used "in pieces as large as we could get from the bellies and legs of frogs." Chronic ulcers, burns, and extensiv lacerations are the class of lesions most commonly benefited by skin grafting.

The graft is taken by a sharp, thin-bladed razor. The skin is put on the stretch by an assistant's hands, and the razor cut is made with a rapid, short, sawing motion, with the blade nearly horizontal to the skin. The graft piles up on the blade, whence it is teased off and spread out flat on the area to be grafted. The area to be grafted is flusht off thoroly with normal salt solution just before the graft is applied. After the area to be grafted is covered with the grafts, a rubber tissue, fenestrated, is anointed with steril oliv oil, and applied directly upon the grafts. It is easy to cut the fenestrations in the rubber tissue if it be folded a number of times, and the corner cut off with scissors; when it is opened out the openings will be found of equal size and at equal distances from each other.

Over the rubber tissue is placed aseptic gauze and the ordinary protectiv dressing. The part should be immobilized. The dressings, down to the rubber, are renewed every day, and the rubber and fenestra flusht with normal salt solution applied with very little force. At the end of a week, the rubber is carefully lifted, to avoid displacing the tender grafts, and the same solution used in flushing, when the dressings are applied as before. If any indication arise, the rubber may be taken off in forty-eight hours; indeed, some operators prefer dressing at this interval. A certain proportion of the grafts fail to take, and by the end of a week may be removed.

This little procedure would save doctor and patient time and trouble if it were used more frequently, and the doctor who fails to use it is not getting all out of practise that he should be getting.

Importance of Early Recognition and Isolation of Cases of Acute Anterior Poliomyelitis

On page 426 of the October WORLD we called attention to the resolution of the Congress of American Physicians and Surgeons in joint session with the American Orthopedic and American Pediatric Societies, in which they called on state boards of health and other health authorities to adopt measures looking to the limitation of the spread of this serious affection. Already

Digitized by Google

some of the state boards have taken some measures to learn more about the disease. The Pennsylvania Board has written all doctors in the state to report all cases, together with any information which will enable us to estimate source of infection, contagiousness, etc.

Altho this disease has been so well known for many years, until this last year or so it has not been at all common; many doctors in activ practise for many years never having seen a case. Now, however, it has become almost pandemic thru the United States, cases being reported from every point of the compass. Any practician, anywhere, may be suddenly confronted by a case, even in sections where no case had been seen previously. Since this is true, every physician should be on his guard, that the diagnosis may be made at the very earliest possible moment. There is nothing new to be said regarding treatment; in fact, treatment is unavailing, from the very nature of the affection, except in so far as the attempt may be made to restore a certain measure of functional activity to the devitalized tissues. Every text book, no matter how old, has all the information on treatment that is available, and it is not necessary to repeat it here.

The diagnosis is not difficult, if the practician be thinking at all of the possibility of the appearance of acute anterior poliomyelitis. No other disease strikes down so quickly a child which generally has been in good health, and soon after presents pronounced and complete paralysis of the part affected. We do not think it possible for any man living to make a positiv diagnosis prior to the appearance of the paralysis, as the other symptoms are only those common to almost any affection of childhood. But in many instances there has been failure to make the diagnosis even after the paralysis was well markt; and there is no excuse for this. The only thing which could reasonably be confused with acute anterior poliomyelitis would be rheumatism. In rheumatism there is pain, at least on motion, and there is quite apt to be swelling or redness, and the region of the joints is most likely to be affected. In acute anterior poliomyelitis there is no pain, no redness, no swelling, no special symptom or condition connected with the joints; merely the paralysis.

The important thing is that while we have practically no treatment of value in the early weeks, we have a more than strong suspicion that the disease is contagious, and that it is our duty to isolate the affected child from all other members of the family, except the caretaker. No other children should be exposed, either thru family contact or by permitting the children from an infected family to mingle with other children at school or at play. Free elimination is good practise, and supportiv treatment would seem rational. All discharges should be disinfected before being removed from the room. And, until more is known of the affection, it would be the part of wisdom to fumigate the room and all articles which had been exposed to the infection or contagium.

An Insult to the Integrity of Dispensing Doctors.

Professor James H. Beal, formerly President of the American Pharmaceutical Association, has written an editorial for the *Midland Druggist*, commenting on "Dispensing Doctors and Poor Drugs," in which he seeks to create the impression that the dispensing doctor, as a rule, buys the cheapest drugs obtainable; is ignorant of their market value; has no knowledge of the appearance or characteristics of a properly prepared specimen; and either neglects to care for his stock properly, or does not know how to so care for it. The argument is based on "a survey extending over six months or more, of the condition and quality of drugs and medicin found in Ohio," made "several years ago." How many years ago is not stated, nor is mention made of any knowledge of conditions in any other state.

The doctors of Ohio will know how to accept this statement, but as this article appeared in the *Midland Druggist*, which circulates in many states, and was reprinted in the *Western Druggist*, which has also a wide circulation, we feel that the effort is being made against *all* dispensing doctors in whatever state they may reside. The manifest injustice of using information obtained "several years ago" to furnish material for an article presumed to deal with conditions to-day, and the fact that many of the conditions then possible cannot now exist on account of the National Food and Drugs Law, makes the publication of the article in question regrettable. This is not the way to heal the breach between the druggist and the doctor, and such healing is the desire of the better class of men in both professions.

Digitized by Google

It was not intended for this purpose; it was intended to inflame sentiment, to the end that sometime it will be possible to pass a law preventing physicians from dispensing their own drugs. Such attempts have been made already and will be continued. The medical profession needs to be informed on the condition of affairs in regard to the systematic and continued effort that is being made to deprive them of the right to dispense. Some physicians, too, need to be cautioned to use more care in purchasing their drugs. It is deplorable that the author of the editorial in question could have found the conditions he cites.

A few quotations are all we can spare space for.

> This ignorance of the physical and pharmaceutical character of drugs and medicins makes the physician an easy victim to the salesman with bargains. The representativ of a supply house located in a city loft, with an operativ force consisting mainly of boys and girls, assures the unsuspecting doctor that his products are fully equal in quality and activity to the higher priced ones of the well known manufacturers. Attracted by the bait of cheap prices, the physician loads up his shelves with the inferior and not infrequently worthless goods, and once in his office he uses them. If his patients recover, the medicin receives the credit; if they die, the disease is blamed.

We admit that some physicians have not been sufficiently trained regarding the "physical and pharmaceutical character of drugs and medicins," but we know many "pharmacists" who possess no more knowledge on this point. It is the effort to compare and contrast the lowest grades of doctors with the highest grade of pharmacists, which is so manifestly unfair. Moreover, even the poorest doctor soon learns to estimate the grade of medicin thru the physiological effects which he obtains from its use. If he gives a certain drug in a certain dose, to a number of patients, under varying circumstances, and fails to get the expected effect, he knows that his supply of that drug is worthless, and it should be promptly reshipt to the wholesaler. If he gives strychnin, he can soon tell if he is getting the effect desired. If quinin fails to produce tinnitus in sufficient dose, it may be condemned. Cannabis indica, digitalis, veratrum viride, and a host of other drugs in common use, are quite as easily estimated accurately. "Once in his office, he uses them" is a libel on the intelligence and honesty of the profession.

We are quite positiv that thru our editorial experience we have come in contact with many more physicians than Mr. Beal "met some years ago in the state of Ohio," and we have a wide familiarity with the goods handled by pharmacists in both city and country trade; and we know their methods and sources of supply. We know that it is only the exceptional pharmacist that makes any of his preparations, except perhaps a few pills or other rarely prescribed preparations which he cannot buy all ready prepared. They buy their pills, fluid extracts, powders, capsules, etc., already prepared, and their pharmacy (?) consists in putting them in a package and affixing a label. Their time is mainly devoted to making the soda fountain pay out. Mr. Beal knows that this is true; all the pharmacists realize it; and the doctors have protested to the pharmacists about it for, lo, these many years.

The title of the article is a studied attempt to link, in the minds of the representativs of the two professions (for, in modern times, publication of any article reaches and affects both) a great host of honest and capable men with a dishonest and self-confest incapacity. The inevitable interpretation makes us shrink from so arraigning the trade journals in which this article has already appeared.

Now, we cannot spare space to say all we would wish to dispensing doctors and to pharmacists, druggists, and editors, but we want to preach of a terse, common sense which has never yet entered this question which has come to us from Europe, which has struggled with the problem for many long years.

(1) Both druggists and doctors are to blame. (2) They both should get right. (3) They will never get right by villification and recrimination. (4) Let each class correct their faults. (5) No one, editor, doctor, or druggist, can compare or contrast conditions existing in rural districts with conditions maintaining in cities; it is a different problem altogether and one for which two solutions must be sought. We must not spare space to the druggists; they have plenty of mediums which should counsel them well; but we are impelled to speak to the dispensing doctor, and the druggist, city or country, may well read and heed, for the handwriting is "on the wall."

Doctors: Buy your supplies from the wholesale druggists of reputation who will sell to you. A few will still refuse to bill you, but a good bank reference will soon

Digitized by Google

win the majority of them. File the objections of any who decline shipping, for they will prove interesting inside of five years. Preserve the containers of those shipping you, then you will be safe from any and all machinations of designing people. Watch closely for the physiological manifestations of the drugs you exhibit, and if they fail to appear, after due test, in a number of cases, ship the goods back to the wholesaler.

It is not a necessity for the city physician to dispense, tho many of them are now doing it to a greater or less extent, as a means of self-protection from the inroads made on their income by counter dispensing, prescription repeating, nostrum selling druggists. Dispensing is absolutely forced upon the physician in rural communities, and it will always be necessary that he continue dispensing. What would a patient, many miles in the country from any drug store, perhaps in the middle of the night, think of a doctor who would hand him a written prescription in a case where there was imperativ need of quick medication?

If the drug journals would abandon their habit of publishing matter intended to aid the druggist in practising medicin, and omit such material as the editorial in question, they would do much to prevent the widening of the breach between the two professions.

Business Talk to Doctors.

As noted in last month's "Talk," page 406, I wrote to a number of companies whose glittering literature had been received two or three years ago, which I had unwittingly saved along with a lot of things put aside to go over at a leisure time; but the leisure time did not come for two or three years, and then it did not come; but the job of clearing up was forced upon me by changes in our house; so I took advantage of the opportunity. And now I suggest that you file away all of your promotion literature for the purpose of writing to the various companies a few years later, and see how they are realizing their golden expectations.

A large percentage of those to whom I wrote were not reacht by my letters, and my letters were returned to me markt "not found." Thus it seems that they have gone out of business. I inclosed a stamp for reply in every instance. None of them reported any dividends having been paid, as they were requested to report. So shall we conclude that none of these companies have yet paid dividends?

The Vera Cruz Mining Company, of Greenville, Michigan, writes that "there is no stock in the Vera Cruz Mining Company for sale." I do not know how to construe this statement; so I will not attempt its construction.

The Honest John Mining, Milling and Tunnel Company, of Denver, Colorado, reports progress, but no dividends; that finances have been hard since 1907; and that the stockholders have pledged a moderate fund for a twelve months' run. Stock selling at 60c. per share cash, or 66c. in ten equal monthly payments. This is the gist of their reply to my letter, which I present frankly; and I wish to say as frankly that I do not wish to cast any reflection upon them whatever. My point was to find out how certain companies had been getting along since sending out literature two or three years ago. This is one of the few companies that are still "at it"; and they still claim to have encouraging prospects. But if some prophet had foretold in 1907 how the facts would be at this writing in 1910, it is probable that the proposition would not have been attractiv to investors. There is a familiar saying that "hindsight is better than foresight"; and this is used to justify many things that do not come out as expected. I am trying to show doctors how they can so cultivate their foresight so as to be nearly as good as "hindsight." If you will do as I have said—file away promotion literature, and then after a few years write and learn the progress really made, this will be cultivating your foresight so that you can see thru similar propositions pretty well.

Possibly you remember when the Telegrafone stock was being boosted in 1906. The Sterling Debenture Corporation, of New York, made extensiv use of a letter from a certain doctor in New York, who wrote them as follows:

> I thank you for your courtesy in bringing the Telegrafone stock to my attention. I recognize the great value of the instrument and know what stockholders will realize from their investments. I knew Mr. A. Graham Bell personally, and am *trying to forget* what telefone stock was offered to me for twenty-eight years ago.

I wrote to this doctor recently, who, however, has now moved to Washington, D. C., and my letter found him there. He says in reply: "You surely got a *good*

Digitized by Google

one on me in your letter in reference to the Telegrafone stock. Forgotten it? I should say I had! Still hold five shares, also forgotten long ago."

This is perhaps sufficient to indicate to you what you can learn, if you will do as I have done, as explained above. This will show you in a concrete way how to "look a leetle out," as the Dutchman says, and save your money. It is not a smart trick at all to save up promotion literature, in order to watch the progress of the various schemes, and see how the stockholders fare. Anybody can do it. And anybody who will do it, will find how few of these schemes succeed—if *any* of them ever do; and should there be a rare one that does succeed, how often is the business management dishonest, and the early stockholders frozen out; the schemers getting all there is in it, after all. When all of this is known, who can be so foolish as to throw away his hard earned savings in such a way?

Building and Loan Associations.

Now compare the above with building and loan associations for the investment of the savings of doctors. We have seen that the above-mentioned enterprises nearly always fail, while building and loan associations so seldom fail that it may almost be said that they never fail. I am getting statistics from the State Banking Department of this state, which I will present next month. And when a building and loan association does fail, there are always assets sufficient to pay back a high percentage of the investment; this percentage seldom goes below 50, and usually is from 70 to 90; so that when a failure *does* occur, it is never a complete failure. Can you imagin a stronger contrast in the financial world than the two kinds of investments that we have been considering? Then why should any doctor ever put a single dollar into the first class of securities? And why should not the second become a favorit method of investment for the savings of doctors? In this connection, please see the following letter from California:

STATE MUTUAL
BUILDING & LOAN ASSOCIATION
Incorporated 1889
223 South Spring Street
LOS ANGELES, CAL.

OCTOBER 4. 1910

Medical World, Philadelphia, Pa.:

GENTLEMEN:—In your September issue, on pages 370 and 371, I notice a letter from Dr. W. C. Robinson, Silver Creek, Nebr., as to the desirability of monthly installment investments in building and loan associations for doctors, and your somewhat naive surprise that building and loan associations are known as far west as Nebraska. Permit me to call your attention to the fact that they are well and favorably known as far west as California, there being some 150 to 200 associations in this state, with aggregate resources of more than $20,000,000.

As this association has been in business in California now more than 21 years and is the largest in the state, and therefore is more or less representativ, I take the liberty of inclosing a circular explaining our monthly installment investment and our financial statement of July 1st. We have several doctors who have done thru our association what Dr. Robinson has done thru the one he refers to. Our president, Dr. Cochran, was himself a practising physician for a great many years, and his son is now one of the leading surgeons of this city. You will therefore see that we have every reason to think well of the medical profession. Yours truly,

C. J. WADE,
Secretary.

I have just had a talk with a gentleman who is attorney for eighteen building and loan associations here. He says that there are two plans: the National plan and the Old Line plan. He says that the National plan is a stock company, with salaries to officers, perhaps somewhat like a bank or trust company; and that the Old Line is the original, and the legitimate plan. In this plan there are no salaries paid, excepting a nominal salary to the secretary and treasurer. This is the only expense, excepting rent for a room for one night in the month, in which to hold the monthly meeting. This keeps the expenses down to almost the *nil* point; and, of course, what is saved in expenses goes to the investors.

I am told by a gentleman who has extensiv dealings with building and loan associations here, and who is himself an investor in one, that the rate of interest realized from such investments in Pennsylvania ranges from about 6½% to about 10%; but that in the west, where the interest rates are higher, the income of such investments is higher. In this state the bank examiner examins the books of building and loan associations, just as he examins the books and the affairs of trust companies and state banks. So this is a further guard to the safety of such investments. The doctor who has this information before him should consider himself very foolish to risk a single dollar of his savings in the many wild-cat schemes

offered when there is a possibility of investing in so safe and profitable an enterprise as a well conducted local building and loan association. As above stated, I will present facts and figures concerning these associations in Pennsylvania next month; and I will hope that similar information may come in from other states.

The following clipping from the Philadelphia *Ledger* shows the great importance of these organizations in Pennsylvania:

The last official report of the building associations of Pennsylvania gives 1,450 associations, 400,000 members, $171,500,000 assets—being an increase for the year of $13,000,000 in assets and 11,000 in membership.

Promoters seem to never tire of referring to the profits made by the early investors in Bell Telefone stock; but those to whom so much promotion literature is sent do get decidedly tired of it. I have gotten so tired of it that whenever I find it in the literature of any new project I immediately conclude that that project is a fake. More money has been coaxed out of the pockets of people by that example of great profits than was ever made in that company by the original holders of Bell Telefone stock.

Another bad indication is expressions like this, which I clip from a promotion letter now before me:

The shares in this Syndicate will not be offered to the millionaires, but the Syndicate will be made up of small investors who are looking for safe investments and large dividends, and there will be no chance of a "freeze-out" by the large "fish" as the control of the Company will be in the hands of the Syndicate members exclusively.

The reason is very plain why they do not take the money of the millionaires; it is because the millionaires are too smart for them; and the trap is set for the poor small investor, as it has been found that they walk right into the trap like mice. The scheme from which the above is clipt offers 36% annually. An Ohio brother who sends this in, fittingly says that this is "too good."

A Kentucky brother says:

In November WORLD tell us something about automobile stock, and especially stock in the American Automobile Mfg. Co. I inclose a circular left me by one of their solicitors a few days ago. They sold quite "a bit" about here to merchants, farmers, doctors, etc. I did not purchase any.

I have examined the pamphlet, and it is a regular "booster." True, there have been large profits in the automobile business, and there have also been large losses. The pamphlet says nothing about the losses. I think that doctors would better leave the automobile business to those who understand it—and some of *them* have lost in it, and others will. The cream of this business has about been skimmed. The heavy advance sales are, or soon will be, a thing of the past. The automobile business will soon settle down to hard competition.

Every month a lot of land literature comes in. I don't see how I can add anything to what I have already said on this subject. But every case is different. I have before me an interesting and attractiv pamphlet on the raising of grapefruit in southern Florida. Let those who wish to embark in this business *go there* and do it; but doctors cannot go unless they give up their practises to do so, and giving up a profession is a serious matter; and living in southern Florida might also be a serious matter to those to whom that part of the world may not be attractiv. But no; they want you to send money to the head office in Washington, D. C., an installment every month for the land and the trees which they will plant, and market what your trees bear, etc. This kind of proposition I have discust before, and I say again, with all my might, *don't* do it. An Illinois brother writes the following on the back of a mining circular, and he has the right idea:

I am not an investor in mines, etc What money I'm able to get ahead I invest in Illinois farm lands, and I find that I've had no cause to regret it. I believe in investing your money where you can look after your own interests, even tho the investment yields only 6 to 8 per cent. These circulars have been sent to many people in this locality, and no doubt investments have been made in this stock. How about it?

The mining circular is of the flamboyant kind—a get-rich-quick scheme, and that's "how about it." Well selected land in your own community is certainly a safe investment, but not land far away, that you know nothing about and that you cannot look after. Just to-day a North Carolina brother who is here taking a special course, called "just to look at me." But he did more than look at me. He told me how he bought land in his state at $6 an acre which is now worth $30 an acre; and now he finds himself well fixt financially, tho still a young man, and he will give up hard country practise and

Digitized by Google

will do some college work in his state, for which he is now specially preparing himself. Query: Where would that man now be, financially, if he had invested in California flame Tokay grape land, and eucalyptus timber land, and Oregon fruit land, and Florida grapefruit land, mining stocks, etc.? He did the sensible thing and bought where he knew, and now he is all right.

A Kansas brother writes of one of the many far-away, enticing land schemes, and says: "Many M.D.'s would be glad to rest from the grind of many years of professional toil and retire to an easy competency and delightful surroundings such as these people depict." It is better to stay in the grind than to fly into the arms of frauds that will strip you of all you have saved and leave you absolutely destitute. Also, it is a serious thing to leave friends and familiar surroundings late in life, to die among strangers and in a strange land. A *visit* to a new and distant part of the country, and *moving* there, particularly late in life, are two very different things. Better make a comfortable nest at home; and cultivate your home friends. You will never find their equal in a strange land.

And here is another lot proposition. It comes from a Hot Springs, Ark., brother who sizes it up about right:

I received a call recently from a man giving his name as E. F. von Yeast and claiming to be the president of a corporation or concern called "Author's Press," a publishing house with a capital of $500,000. He was soliciting subscriptions for a set of books called "Author's Digest," at $85, and was offering as a premium two "high and dry" lots in a place which he sometimes called Westhampton and sometimes Westhampton Beach, on Long Island, distant about 30 miles from New York City. He claimed that the Pennsylvania R. R. ran trains from their station in New York City over a branch of the Long Island R. R. to a station within three blocks of the lots which he was offering as a premium; that the trip was made in 45 minutes, and that the fare was 17c. for the round trip. I find on investigation that the distance of West Hampton from New York City is at least 60 miles, probably more, and that, therefore, the time required to make the trip would be closer to 90 minutes than 45. I do not know how cheap railroad fare is on the Pennsy's L. I. suburban trains, but I think that if a man were to get on the train in New York City with only 17c. in his possession the conductor would tell him where to get off a long time before he reacht West Hampton.

I am askt about two new insurance companies, one life and one fire. The life concern (Detroit) "guarantees a dividend of 15%." Now, a word about guarantees. That word "guarantee" is used freely and loosely by concerns that want other people's money. But there is a world of difference between the *word* guarantee and the *fact* guarantee. Always look to see what is *behind* a guarantee. If only a prospect, only an if, it amounts to no more than a fleeting word. When there is property—real, tangible value—behind a guarantee, that is a different thing. But when that is true, there is no trouble to get money, and plenty of it. However, such guarantees are seldom given. Some years ago I was talking to a bank official about a certain security that his bank was marketing, and in which he believed, absolutely. I askt him if his bank would guarantee it. His prompt response was: "*We guarantee nothing.*" Here let me impress this firmly upon the minds of investing doctors: Responsible people seldom or never give out a guarantee. It is a serious thing with them—a responsibility that means something; and it might be serious. It is like endorsing a note. But irresponsible people always have the word guarantee ready on their tongues, because it really means nothing to them, nor is it of any value when it comes from them. Remember that "guarantee" means much or nothing, according to what is behind it. Always look out for people who use this word too glibly. This glib use of the word is an effort to give confidence where confidence is much needed but not deserved. Let such use of this word be a warning to you, rather than a giver of false confidence, as is usually the object.

The fire insurance letter, sent from New York to one of our subscribers in Montana, has all the earmarks of—well, you may finish this sentence The doctor who sends the letter in, says: "If any other reader of THE WORLD would like to take my golden opportunity, he may do so."

Dr. S. D. Keller, of Fulton, N. Y., asks as to the standing of the Physicians' Casualty Association, of Omaha. I think it stands fairly well, but I have had occasion to criticise some of its literature, and in at least one case that was brought to my attention their action was not as broad and liberal as other accident companies, and for these reasons I saw fit to

Digitized by Google

decline their advertisement. However, I think they give reasonable satisfaction in the majority, perhaps the vast majority, of cases. As it is an association confined to the medical profession, I am sorry that they do not measure up to the highest limit.

❧ ❧ ❧

Here is one of the neatest traps that I have seen since the days of collection agencies of a certain type with cleverly concealed traps in their contracts, which THE WORLD effectually exposed. Please put your eye on the following note. The small type at the end, just above the space for signature, is printed in red in the original.

$2000.00 *St. Louis, Mo.,*_____ *191*___

Ten years after date I promise to pay to the order of the

Continental Commercial Company

the sum of ——— *Two Thousand* ——— *Dollars*

for value received with interest at the rate of six per cent. per annum from date until maturity, payable monthly, at the General Office of the Company in St. Louis.

This Note represents the Purchase Price of Twenty Shares of Capital Stock. The principal may be paid exclusively from dividends declared on said stock. No personal liability for the principal or any unpaid portion thereof at maturity shall attach to the maker of same.

On the same paper that the note is printed on, and folded under, is the following:

TO SAVE YOU THE TROUBLE OF WRITING, WE ATTACH HERETO A BLANK NOTE. ALL YOU HAVE TO DO IS TO SIGN THIS NOTE AND RETURN IT TO US IN THE ENCLOSED ENVELOPE. UPON RECEIPT OF SAME WE WILL SEND YOU A CONTRACT CERTIFICATE FOR TWENTY (20) SHARES OF STOCK IN THE CONTINENTAL COMMERCIAL COMPANY OF THE PAR VALUE OF TWO THOUSAND DOLLARS ($2,000.00): ALSO A COMPLETE REPORT OF THE OPERATIONS OF THE COMPANY: AUDITOR'S REPORT, ETC.

THE CONDITION WHICH IS PRINTED IN RED ON THE NOTE ABOVE THE SIGNATURE LINE, DESTROYS ITS NEGOTIABILITY, AND RELIEVES THE MAKER OF ANY OBLIGATION FOR ITS PAYMENT, EXCEPT AS PLAINLY INDICATED ON THE FACE OF THE NOTE. THIS IS THE MOST COMPLETE EVIDENCE OF OUR GOOD FAITH AND EXPRESSES OUR COMPLETE CONFIDENCE IN THE INTRINSIC VALUE OF THE STOCK AS SECURITY FOR THE NOTE.

Accompanying this is a two-page circular letter made to look as much as possible like a special personal letter. This letter tells in a glowing way of the bright prospects of the company, which is chiefly engaged in producing sugar—that is, if the distribution and manipulation of the above notes is not the chief occupation. The letter, on the second page, next to the last paragraf, further reiterates, as follows: "We further agree that your note need NEVER BE PAID except from the dividends declared on the stock."

Now, where is the trap? Do you see it? If you don't, look again. Are you looking at the note? If so, take your pencil and figure out the monthly interest on $2,000 at 6%. This, as the note states, must be paid monthly at the general office of the company in St. Louis, until maturity—ten years. Have you figured it out? Yes, just $10 per month, and for ten years. *This* money must be taken "right out of your clothes"; but that little matter is not mentioned in the explanatory note reprinted above, nor in the circular letter. True, it is printed plainly on the promissory note, but further than that, this vitally important feature of the transaction is not mentioned, the effort being plainly made to call attention away from this, to other features, particularly to the fact that the "note need NEVER BE PAID," etc. Do you want to be enslaved to the extent of $10 per month for ten years? If you don't, be very careful about signing your name to any such document.

❧ ❧ ❧

I guess you read of the Sheftels Co., a fake brokerage concern, being "pulled" by the P. O. Department simultaneously in nine cities, late in September. I have before me one of their letters booming

Digitized by Google

Jumbo Extension, dated Sept. 28th—evidently one of the last letters that they sent out. When will people know enuf not to patronize such concerns?

* * *

All the above is concerning saving money, or investing it, after it has been earned and collected. We must not lose sight of the importance of earning it (to which the strictly medical portions of this magazine are devoted), and to collecting it after it has been earned. Neglect of the latter causes the loss of hundreds of thousands of dollars to the medical profession every year. A Kentucky brother writes:

I have tried several collecting agencies, four, I believe, and have never received one dollar from them. I plan to go after the tardy ones with your system. Trusting your life may be spared to continue the great work you are doing for the American doctor, I am, yours most truly.

Thank you, Doctor, for your kind words. Look in the "Business Talk" in WORLD for last December, and "start the ball rolling," and you will also start dollars rolling in to you. However, there seems to be two sides to everything; so I must show you the following letter recently received from a Portland, Ore., brother:

DEAR DOCTOR:—Have just laid aside this month's issue of THE WORLD. The "Business Talk" is o. k.; but I must report lamentable failure in collecting by means of the letters you have suggested. Inclosed are samples. Results from nearly one hundred letters come $2 short of paying for printing of same. Are the dead beats in Portland worse than elsewhere? or what is the trouble?

Collection agencies I find no good—have tried five. Am now trying to do my own collecting.

Here is my "plunk" for next year's WORLD. It is my best investment in the medical magazine line—for five of which I subscribe.

I suppose you are rejoicing over the insurgent victories. Say, Doctor, keep your eye on Oregon, and see what we do to Big Business, *et al.*

Am going to send you one of Portland's dailies, a small paper with brains in its editorial chair, coupled with fearlessness, tremendous energy, and keen discernment. We have many men like this editor out West, and our virile manhood is making itself felt thru the whole Nation.

Yours for clean politics, clean medicin, and paid-up subscriptions.

The Doctor's letters are good. I could not do better than to reprint them sometime. Now, however, you would better use the Christmas letters in WORLD for last December. I cannot understand why they should fail in Portland, Ore., unless something is the matter with the list.

The cheerful political word from the far West is refreshing. The sun of political righteousness and progress is rising in the West. I often long to be there, but it seems that my work is here. Yes, I am watching Oregon, Colorado, and a number of other western states, and I don't think they will disappoint me.

THE MEDICAL MONTH.

The American Electro-Therapeutic Association held a successful annual meeting at Saratoga Springs, N. Y., September 13th, 14th and 15th. Dr. Frederick DeKraft, of New York City, was elected president.

The manufacture and marketing of Ehrlich's new "606" remedy against syphilis has been put into the hands of a single chemical concern in Germany, and the Philadelphia *Ledger* of September 23d has a cablegram from Frankfort stating that the shares of the works in question have advanced 17 points on announcement of this fact. And they continue to speak, over there, of America as the sole purely "commercial" medical nation!

TOLEDO, O., Sept. 24.—A few minutes after Mrs. John Bullendorf had given her 17-days-old daughter, Myrtle L. Bullendorf, a dose of soothing syrup, the baby became unconscious. The baby died two hours later. Coroner Charles J. Henzler said death was caused by morphin poisoning.—*Associated Press.*

Note that this deadly nostrum is not mentioned by name. Nostrum advertising means dollars to the present-day commercial newspaper press. That is the explanation.

The Norman W. Harris course of lectures on preventiv medicin for 1912 are to be delivered at Northwestern University, Chicago, by Dr. Milton J. Rosenau, professor of pathology in Harvard University Medical School.

An encouraging sign of the times is the crusade against "soothing syrups" and like infant-dopes, holding cocaine and opiates, by druggist organizations and health boards of our large cities. The nostrum swindler finds opposition to his nefarious trade to be an ever rising tide in America. Were the unscrupulous dollar-grabbing newspapers to refuse him advertising space, his occupation like Othello's would soon be gone.

The ninth international conference of the Red Cross will be held in Washington, D. C., in May, 1912. The raising of a $2,000,000 endowment fund for the American Red Cross is now under way.

Official medical inspection of public school children in America is now interesting practitioners of the specialties. Philadelphia, for example, has regular clinical services at City Hall, for affections of the eye and the teeth, and this work is being thoroly applied to schools in all sections and suburbs of its 128 square miles of territory.

The Mississippi Valley Medical Association on September 13th, 14th, and 15th, held a highly successful annual session at Detroit, Mich. Dr. Robert H. Babcock, the internist, of Chicago, was elected president.

It begins to look as tho the day is not so far distant when every medical candidate for licensure must prove a year's hospital interneship.

Digitized by Google

That is what the new five years' course of the medical school of the University of Minnesota practically means. All honor to this leader towards higher standards. The low grade incompetent will, of course, seek the "path" kind of doctor-college—that simply means (under our defectiv State laws) a back-door mode of slipping into medical practise. It is an easy trick, these days.

American physicians should know that they are not allowed to enter Russia if of the Jewish faith. In view of the fact that so large a percentage of our medical scientists are of that sect, too wide publicity cannot be given this disgraceful exclusion. In explanation, Russian aristocrats and bureaucrats fear the Jew's mental alertness; gradual loss of the aristocrats' exclusiv privileges would result should their Jewish fellow-citizens obtain equal rights. The Jew is always a liberal in politics, a leveler, and works for the American and not the present Russian views of life. It were well, therefore, did all Americans omit Russia from their itinerary until this stigma is removed.

The common drinking cup must go. The Pennsylvania railway system has taken up the fight, as have also the public schools of Greater New York. In passing, did you note the photos of lip chancre from use of a common drinking cup, in Professor Murphy's article (pp. 1113-5, September 24, 1910, *Journal of the American Medical Association*)? This change cannot come too soon.

A gummed slip with the following set of directions is fastened on each text-book used in New York's public schools:

Never read in a bad light. Always hold your head up when you read. Your eyes are worth more than any book to you. Hold your book about fourteen inches from your face. Let the light come from behind or over your left shoulder. Your safety and success depends on your eyes; take care of them. Rest your eyes by taking them away from the book every few minutes. Avoid books or papers printed indistinctly or in small type. Never read with the sun shining directly on the book. Wash your eyes night and morning with pure water. Be sure that the light is clear and good. Never face the light in riding.

If we are to avoid becoming a nearsighted nation, like Germany, the above label should be printed on the fly-leaf of every American book.

The Southern Medical Association meets in Nashville, November 8th, 9th, and 10th.

Trypanostomiasis is not carried by mosquitoes or other insects from infected Orientals in our midst. That is the outcome of recent extensiv experimental research by medical scientists in San Francisco.

The Medical Association of the Southwest held its annual meeting in Wichita, Kan., October 11th and 12th.

The death, due to a nurse's mistaking the dram dose for an ounce (*Journ. A. M. A.*, Sept. 24, 1910, p. 1125), is one more argument for adoption of the metric system in practise.

The many agencies and activities tending to drive the physician out of practise were enumerated in an address by Dr. Richard C. Cabot, of Boston, at Johns Hopkins recently. It was maintained that the physician is being superseded by health boards, hospitals, insurance companies and other general welfare agencies, and that the tendency is toward the support of hospitals and hospital physicians by public funds, public health being considered of supreme importance to the nation, superior even to public education. In Boston they have gone beyond most other cities (*sic!*) in having nurses in department stores and factories. Cabot calls attention to the fact that five years ago there were 25,000 medical students in the country, whereas there are now but 20,000, and the diminution is continuing in this steady ratio. He says physicians face this condition, but should get behind it and help it along, as there is no doubt that in the majority of instances the patients with all the facilities of the hospital, the possibility of team work among the physicians, and the trend to higher specialization, get better results from a hospital than is possible in the office of the practising physician, and better results, *i. e.*, better public health, is what the Nation wants. It is of vital importance and not even second to education, which the State has already assumed charge of.

The German schools are far in advance of ours as regards cleanliness and neatness of both rooms and pupils. That is the conclusion of Dr. Maxwell, Greater New York's Superintendent of Public Instruction, after recent study abroad. Now, let us "reform it altogether."

The American Roentgen Ray Society held a successful annual meeting the last week of September, at Detriot. Dr. Percy E. Brown, of Boston, was elected president and Dr. Frederick H. Baetjer, of Baltimore. secretary. It is to the glory of American medicin that many of its x-ray specialists have stood and do stand in the front rank of the world's ablest scientists devoted to this beneficent means of diagnosis and treatment.

The annual meeting of the American Academy of Ophthalmology and Otolaryngology was held in Cincinnati, September 19th, 20th, and 21st. Indianapolis will be the meeting place next year.

Another national body of examining doctors was formed in Chicago, October 3d, under the title of "The Society of Insurance Medical Officers." Why three leagues of this kind, when one might amply suffice? "In union there is strength," etc.

The Association of Erie Railroad Surgeons held its nineteenth annual meeting in Chicago, October 4th and 5th. The next meeting will be held at the Astor, New York City.

John D. Rockefeller, on October 17th, celebrated the opening of the new hospital attacht to the Rockefeller Institute for Medical Research, New York City, with an additional gift of $3,820,000. This benefaction makes the total of Mr. Rockefeller's gifts to the Institute $8,280.000. The occasion was further signalized by the placing of the institution's property absolutely in the hands of the board of trustees, establishing it as an independent foundation.

Possibly the most valuable of any yet held, the sixth course of Harvey Society Lectures is at present under way at the New York Academy of Medicin. These are open to the medical public. Dr. Hans Chiari, of the University of Strasburg, Germany, on October 15th, lectured on "The Significance of Pathologic Autopsies and Other Pathologic-Anatomic Investigations." On November 5th, Prof. Wm. E. Castle, of Harvard University, describes "Unit Characters

Digitized by Google

in Heredity." Prof. Jacques Loeb, of the Rockefeller Institute for Medical Research, will, on November 19th, explain "The Preventing of Toxic Action of Various Agencies thru the Prevention of Oxidation in the Cell." "Certain Clinical Aspects of Dyspituiterism" will be shown on December 10th by Prof. Harvey W. Cushing, of Johns Hopkins. Prof. Arthur R Cushing, of the University of London, will, on January 14th, 1911, demonstrate "Therapeutics of Digitalis." On February 14th, Thomas B. Osborne, of the Connecticut State Agricultural Experiment Station, will show "The Chemistry of the Proteins." "Calcification and Ossification" will be explained by Prof H. Gideon Wells, of the University of Chicago, on March 25th.

At last two sensible suggestions are offered in the treatment of that hitherto mysterious disease, acute or epidemic poliomyelitis: One is the oral administration of hexamethylenamin in medicinal doses for its specific action on the cerebro-spinal fluid. The other is the declaration by the New York City and other health departments, that the disease is probably infectious and shall henceforth be treated as such. Now, let communities and practicians act promptly so that coming years may have a less doleful story to tell about this dreaded affection than in the past decade.

Strychnin arsenate has very wisely been refused recognition by the American Medical Association's Council on Pharmacy and Chemistry. The danger of mixt poisoning, and the absence of sure antidotes for this salt, when given in ascending doses, is too great.

The medical profession of Philadelphia has received unusual attention from the Angel of Death recently, he having taken several prominent members in the last few weeks. The best known of these were Dr. John V. Shoemaker, age 58; Dr. De Forest Willard, age 62; and Dr. James B. Walker, age 64. All these men died too young. In this connection it is of interest to note that on the night of October 21st the Medical Club of Philadelphia gave a reception to about a score of men who had been in the practise of medicin for a half-century and over. We had the pleasure of shaking hands with and greeting these veterans, most of whom were still well preserved and vigorous, many of them being country practicians. Many had been in the harness some years more than a half-century; one, we remember, stated to us that he had been practising fifty-seven years. It was a notable occasion, which made us feel young, cheerful, and hopeful, by comparing our years or service with theirs, and contemplating the possible future of us younger ones.

Sodium cacodylate, a comparativly safe and water-soluble arsenic salt, according to Murphy, is a prime remedy to relieve the pain of metastatic osseous carcinomata. The dose is 3 to 6 grains by the mouth (.2 to .4) or a single daily subdouchal injection of 1 to 2 grains (.06 to .12). Murphy claims good results in the same way in luetic patients.

Glycyltryptophan has lately been proposed by Neubauer and Fischer as a dependable reagent for the early diagnosis of stomach cancer. Weinstein, in the *Journal of the American Medical Association*, September 24th, pages 1085 *et seq.*, covers the method at length.

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

Hemorrhage from Stomach of New Born.

EDITOR MEDICAL WORLD:—In answer to Dr. Ruppert, September WORLD, page 378, will relate the following case history: After thirteen hours of severe labor pains the head would not engage; so applied forceps and delivered what appeared to be a normal male child, on March 9, 1910, at 11 a. m. On March 13th, at 5 p. m., was called to see the babe, as it had vomited blood twice, the second time a small clot. The babe, when born, and also at time of second visit, was normal in color, nurst well, and its bowels and kidneys had acted freely. At time of hemorrhage, the babe's skin was very darkly jaundiced, almost brown in color. During the 13th the babe had rested well and nurst heartily, but had cried nearly all the time each night of the 11th and 12th. The blood seems to come up with gas or on belching. A short time before this I had read of a case of hemorrhage of the kidney clearing up after giving small doses of echafolta, so that was the first drug which came into my mind. So gave the following:

℞

Echafolta .....gtts. xij
Atropin .....gr. 1-125
Water, 24 teaspoonfuls.

M. Sig.—℥ss every 10 minutes for a few doses, then every 30 minutes.

At 7 p. m. a very small amount of blood came up when the child belched. In a few minutes the child nurst and went to sleep. March 14th: child slept all previous night; no blood vomited; much improved in color. Nurses heartily. Medicin continued, doses two hours apart. March 15th, telephoned; babe slept all night and lookt well.

September 5th: now a fat, robust boy, after having the measles in June.

Byron, Ill. J. ALBA JOHNSTON

Digitized by Google

Pumpkin Seed for Tapeworm.

EDITOR MEDICAL WORLD:—I notice in your September issue, the troubles of "Missouri Doctor" with tapeworm. I have practised medicin forty-five years. During the early part of my practise I used the stereotyped remedies of the books; but some twenty-five years ago began to use pumpkin seed meats. My prescription is: Prepare one teacupful of pumpkin seed meats. In the morning, *fasting*, commence eating the meats, using the whole by noon. *Wholly abstain from food for the day.* At 3 p. m. take a liberal dose of castor oil and turpentine. The worm may surely be lookt for by 9 p. m. It has *never* failed to bring the worm—very seldom failed to bring the head.

Lotus, Fla. E. W. CAPRON, M.D.

Thymol for Tapeworm.

EDITOR MEDICAL WORLD:—On page 393, September WORLD, "Missouri Doctor" asks for help in a case of tapeworm. I have used several different methods with success, but the one I like best is as follows: Fill four capsules with finely triturated thymol, putting 15 grains in each capsule. Have the patient fast the day before you wish to give the remedy, and take a cathartic dose of Epsom salts that evening. The next morning have him take another dose of salts, still fasting, and at noon have him take two of the capsules of thymol. If he don't get the worm by 2 p. m., have him take the two remaining capsules. Then if no worm appears by 4 p. m., have him take another dose of salts.

This treatment is almost absolutely certain to cause the expulsion of the worm, and if other varieties of worms are present, as hookworms, they will appear also. This treatment was published in THE WORLD for February, 1910, over the signature of M. F. Bettencourt, M.D. This was where I first became acquainted with it, and since using it I like it better than any other method. I have had no complaint of ill effects, except in one case the patient said he had a severe burning sensation in the stomach for a short time. No oil nor fats should be ingested while giving thymol. as they will dissolve the thymol and cause its absorption, with possible poisonous effects therefrom. Therefore warn the patient particularly against taking castor oil in lieu of the salts—as some patients might wish to do.

Ludlowville, N. Y. WILBER G. FISH, M.D.

Chromium Sulfate in Goiter.

EDITOR MEDICAL WORLD:—In September WORLD, page 391, Dr. Echelbarger asks for report of experience with chromium sulfate in goiter. Having some cases of goiter that had resisted treatment, I concluded to try it, having seen favorable reports from its use.

First case: F. L. S., age 29, weight 150 lbs. General health good.

First noticed goiter in 1902. Continued to enlarge until at time of examination and treatment began, he wore a No. 16 collar that rode above the goiter, which was very noticeable. It had never bothered him except as an enlargement. No exophthalmus nor tachycardia.

Sept. 5, 1909, I prescribed chromium sulfate, 4-grain tablets, one after each meal and at bedtime. In 30 days there was a noticeable reduction in the size of the goiter. In 90 days the thyroid gland was normal in size, and he was wearing a No. 15 collar. No return at present date.

Second case: Miss M. S., age 18. Goiter noticed about 3 years ago. Exophthalmus and tachycardia. At times her health was such as to keep her under the care of a physician, who treated the goiter without appreciable effect.

Sept. 18, 1909, I prescribed chrom. sul., 4 grains after meals and at bedtime. About one week later she reported that the green tablets made her sick. Had her to cut tablets in two, and take half tablet as directed. No more nausea. Ten days later resumed whole tablets without further trouble.

Noticeable improvements in 30 days. In 60 days she pronounced herself cured, and stopt treatment.

Third case: Miss B. S., age 15. Goiter first noticed when she had typhoid in 1903. Slow growth, and did not bother her until past year. Exophthalmus and tachycardia appeared, and at her menstrual periods she complained of smothering; due, as she said, to that lump in her neck. Jan. 28, 1910, she had to leave school on account of smothering and rapid heart action.

I prescribed chromium sulfate, 4 grains after each meal and at bedtime. Her symptoms were relieved, and she returned to school. She took the tablets 6 weeks and pronounced herself cured. I tried to get her to continue the treatment longer, but she thought it unnecessary. No ex-

Digitized by Google

ophthalmus nor tachycardia, but the thyroid gland is somewhat enlarged yet.

Fourth case: Mrs. A. D., age 42. Goiter appears as a hard lump in the anterior of the neck, the size of a baseball. Has been present about 15 years, and resisted all efforts at treatment. Exophthalmus and tachycardia present.

May 23, 1910, I prescribed chromium sulfate, 4 grains after each meal and at bedtime. In 30 days she reported as improved, but she was soon taken with typhoid, and as she was under the care of another physician, I refused to supply the tablets, so the treatment was discontinued. Would have been glad to have given it a thoro trial in this case, as I believe it would have proved its efficacy.

Fifth case: Mrs. P., age 42. General health good, except subacute pharyngitis. Goiter first noticed in April, 1910. Exopthhalmus slight; tachycardia severe. Considerable loss of weight.

July 18, 1910, I prescribed chromium sulfate, 4 grains after each meal and at bedtime. This case is still under treatment, but greatly improved.

Five cases and one year's time is not sufficient to establish the effect of a drug in a certain disease, more especially one so complex in nature as is goiter. But the fact that these cases all responded so quickly, and the change was so pronounced, and in a disease that has no tendency to improvement, indicates that it is the cause of their relief. In two of the cases I had previously used the pot. iodid, and iodin treatment without effect. One has been the rounds for 12 to 15 years, and another was under the care of a physician for 3 years and some treatment, unknown to me, was used.

I used the drug in prostatic hypertrophy in a man aged 60, but seeing no appreciable change in 60 days, he quit the treatment. Yet I doubt not that with persistent treatment, hypertrophied prostate will be reduced in size, and the disagreeable symptoms relieved.

Dr. S. J. Ross, of Schultz, W. Va., reports favorably on the use of the drug in prostatic hypertrophy, and I understand that Dr. V. H. Marchant, of Haubstadt, Ind., is using the drug extensivly, but I do not know in what cases, or his results; but am sure he would gladly report results if he should be askt to do so.

H. M. ARTHUR, M.D.

Hazleton, Ind.

Mechanical Vibration.—Neuritis.—Sciatica.

Paper III.

EDITOR MEDICAL WORLD: — Neuritis, wherever it occurs, is usually very difficult to cure. A few years ago I was visited by a farmer who had suffered with sciatic neuritis for seven years, and no doubt is uncured yet. One of our leading Poughkeepsie surgeons had an attack of brachial neuritis which troubled him some months if not a year. What drug or combination of drugs avails? These cases tax us severely, and most of us would be glad should they go to our neighbor. Does mechanical vibration aid us? Let me cite a few cases:

Case 1. A man on his way home from work was seized with great pain in sciatic nerve. He came to my office, was placed face down upon the table and vibration applied to the sciatic nerve just back of great trochanter, moving it, after a few minutes, if soreness at any other point. Pressure was applied very lightly at first; then more as tenderness lessened, until all the power the machine could develop was brought to bear upon the nerve. This was done at each sore point, the entire treatment lasting half an hour. Effort was made to take all the soreness away at each treatment. Patient was put to bed at my house and hot water bag applied. Could not dress himself in the morning, but perhaps a trifle better. Treatment as before and patient sent home, put to bed with the hot water bag to hip. Treatment at night and kept at my house as before. Could dress alone in the morning. Treatment showed much less soreness. In bed all day as before. Walked home that night after the treatment. Treated the next morning and went to work, standing all day. Telefoned at night that he didn't want to come down. Ordered him to come next night, which he did, and that cured him. A year later he sat on a cold roof while doing some work and had a slight return of the pain, which required two treatments to relieve. Since then several years have passed with no return.

Case 2. This man was a farmer who had to be lifted from his wagon and helpt into the office one Tuesday afternoon, and who said he couldn't live much longer with that pain in his sciatic nerve. He was treated twice a day and went home cured Saturday afternoon. To clinch the matter, he was directed to come for another treatment the middle of the next week.

Digitized by Google

At that time some soreness was found which the treatment removed. No return in five years.

Case 3. This man, a boss painter, came to the office on a Sunday night, remarking that he had no faith in the treatment, but something must be done, as for two weeks he had suffered with sciatica and was fast growing worse. One treatment Sunday. two Monday, two Tuesday, and he was cured. No return in four years.

Case 4. Man, 76 years. Sciatica for a few weeks, not very severe. Came first October 6, 1910. One treatment. Failed to come next day. Two treatments daily after that till the 14th. Cured. He kept quiet between treatments, with a hot water bottle applied to sciatic notch.

There have been two failures to cure, both in fleshy men. Why I failed is a mystery to me. Perhaps the amount of flesh hindered the penetration of the impulse to the nerve. As I was treating the last case in which treatment failed, a young woman came with the same complaint. Three treatments a day for *two* days cured her. She came about as soon as the pain began; he waited three weeks. But even in this case I believe success would have come had the patient persisted. He thought three weeks were sufficient trial. Three months have passed and he is not well yet under rest and medical treatment.

To cure these cases quickly, long treatments, at least half an hour, are needed. Often I have workt almost an hour, and have borne all the weight the machine would allow, after the soreness had gone somewhat. Pressure must be light at first, for the tenderness is great. After a minute, increase it gradually, holding vibratode at that point till tenderness is all gone. Then take a new point, and do likewise till the entire painful area has been treated. Then go over it again and again. Frequent treatments must be insisted upon; twice a day, sometimes three times, will do better than once, as the effect is not lost between treatments. Get the enemy on the run as quickly as possible and then keep him running. Don't cease pursuit too soon. Just now there are a number of other forms of neuritis occupying my attention, but this paper is long enuf.

Will some of the brethren tell us a successful medical treatment for sciatica? It will help many who don't have a vibrator.

Poughkeepsie, N. Y. H. W. BARNUM.

Hookworm Disease from Asia.

EDITOR MEDICAL WORLD:—Just perused October issue. Anent your editorial, it may interest you to know that Dr. Glover, of the Marine Hospital Service, stationed at the detention hospital at Angel's Island, discovered hookworm disease in two Chinese and in 21 out of 27 Hindoo immigrants. These are detained, awaiting word from Washington regarding their deportation. E. GOODMAN.

San Francisco, Cal.

Index Rerum Instead of Clippings.

MY DEAR DR. TAYLOR:—As to Dr. Davies' request for a method of "filing clippings that is not too elaborate," October WORLD, page 421, I would say I do not file them at all, as I think too much of my journals to so mutilate them. But I have a much better way, as I view it, and that is an "index rerum." Simply purchase a small ledger that is fully indext, and when you see a meritorious article, or one you wish to save, simply index it. My way is to double index; that is, if it be some therapeutic measure, put the initial of the drug under the proper page, and the disease or condition under the name of the disease. For instance, copying from mine: "Breasts, Inflammation of; Pot. Acetat.; page 360, 7-'93." This under "B"; then under "P" I put: "Pot. Acetat. in inflammation of breasts; page 360, 7-'93." Thus is it easy to find, and your journal is intact. Then save your journals, and you will find this handier than clippings. To be sure, should you take more than one journal, you should designate the one. I have this running back to the early eighties and often refer to it with pleasure to myself and perhaps profit to my patients.

Broken Bow, Neb. J. J. PICKETT.

Every "once in awhile" it becomes necessary for us to remind our friends that subscribing to THE MEDICAL WORLD—that is, paying the very small price that is askt for the service it renders, does not carry the privilege of expecting personal correspondence with the Editor on all sorts of subjects; and as to personal replies concerning puzzling cases, that matter is fully covered in the standing notice at the head of the Quiz Department, the reading of which will prevent many a disappointment. If we were offering a private correspondence service, we would have to charge each member $25 or more per year; but we are not offering that kind of service. We are offering a monthly magazine at only $1 per year; but that is made to render all the service referred to above and much more, but not by means of private letters.

Digitized by Google

Hernia: Its Care and Treatments.

EDITOR MEDICAL WORLD:—Hernia is a far more annoying, serious and dangerous ailment than it is generally considered. Were it properly attended to when it first shows evidence of appearing, or on its appearance, when it is most easily controlled and cured, much future annoyance and danger would be avoided.

The advice frequently given not to pay any attention to a hernia unless it becomes large and troublesome is a mistake; as the tendency of a hernia, if left to follow its own course, is to become worse. There is also great likelihood of its becoming irreducible.

I have met with more large, irreducible hernias during the past six months than in any other year of my practise. In every instance the hernia was causing disturbances in the patient's general health; and none of them were physically able to withstand an operation. A large percentage of irreducible hernias can be reduced by continued pressure and taxis; but I have not succeeded in entirely reducing any of the above hernias, altho all have been benefited.

When patients complain of more or less constant distress in any part of the abdomen. if the diagnosis be doubtful, it would be well to consider the possibility of hernia being the cause; and to remember that the location of the distress may be distant from the seat of the trouble.

Of the various treatments for hernia, the cutting operation and injection method offer the largest percentage of permanent cures.

Surgeons claim that the cutting operations are very successful, and with few recurrences or ventral hernias. Unfortunately many records are based on the condition patients are in when they leave the hospital; and rarely any efforts are made to follow the cases up. Unless patients soon return with ventral hernia, they are reported as being cured; when such may not be the case; besides, a large percentage of recurrences do not appear for months or years after the operation. Statistics should be based on the condition a year or more after the operation.

Operations on the abdominal wall are now far less liable than formerly to be followed by ventral hernia soon afterwards; and operations for inguinal hernia are probably among the most liable to be so followed. A few years ago, according to the statements of the best surgeons, 50 per cent. of such operations resulted sooner or later in ventral hernia.

Surgeons have informed me that they did not take into account the condition of the affected structures before operating; while others rarely advise an operation for hernia (when it can be well avoided) when the abdominal muscles are weak and relaxt, or when the patient has passed the prime of life.

Statistics based on the most reliable sources obtainable claim that the tendency to hernia increases after 30 years of age; and that it is four times as great between the age of 65 and 75 than during the age of 40 to 50.

Even tho there be no indication of ventral hernia occurring while the affected structures remain strong and resisting, will the liability to ventral hernia be lessened on that account should the parts afterward become weak, non-resisting and yielding, as they usually do in advanced age or after debilitating diseases? Scar tissue in the aged has been compared to old cloth in its reduced resisting powers. Does not scar tissue undergo the same degenerate changes as its dependent tissues which surround it? Will not time alone be required to determin whether the scar tissue of present day operations will be able to support the intra-abdominal pressure in those who are now cured after they reach 60 or 70 years of age? Considering the large number of abdominal operations that are constantly being performed, is it pessimistic to predict that there will be a large harvest of ventral hernias within the next 15 years? And that they will increase in numbers from now on? Should such occur, is there any likelihood or assurance of surgical measures or any other means being able to successfully cope with the situation?

Some of the best authorities claim that the prospects are good of curing small and medium-sized ventral hernias by another operation in young and in middle-aged people, when their muscles are strong and firm; but they offer little or no hope in other cases. Will not the majority of persons with ventral hernia have to endure constant annoyance, distress, suffering and more or less permanent disability the balance of their lives?

From the history of a number of cases that I have seen, the hernia did not appear for years after the operation—not until

Digitized by Google

decline of life showed its effects. In many of the cases, the entire incision had broken down; and in all probability they are hopelessly incurable.

My object is not to be pessimistic or to hinder the marvelous progress and usefulness that abdominal surgery is constantly attaining by endeavoring to create needless alarm; but is not the theory advanced sufficiently logical and important to demand consideration? If so, is it being done? A physician who consulted me recently for hernia stated that he had just consulted a surgeon with the intention of undergoing an operation; but on learning that the surgeon was also ruptured, he askt the surgeon why he did not submit to the knife. The surgeon replied: "My reasons for not doing so are, 1st, I don't care to be laid up possibly for several weeks; 2d, the operation is still attended with some danger; 3d, unless the wound be closed tightly around the spermatic cord, it leaves an opening for a future ventral hernia; and if the cord be sufficiently constricted, it will cause atrophy of the testicle."

I question the advisability of generally operating on uncomplicated, reducible hernia in children over four years of age as advised by some surgeons, as the vast majority of such cases can be cured by a suitable truss and with proper attention within a year or two. Is there not great liability of constricting the spermatic cord and interfering with the growth of the testicle when operating on boys for inguinal hernia? I have seen several cases where such was the outcome. Some surgeons only urge an operation in grown people, on large and troublesome hernias, and advise wearing a truss in other cases.

My experience has been that a hernia with a small opening is even more liable to become strangulated than when the rings are large; and they are frequently more painful.

A truss alone will cure a small percentage of hernias in grown people. As a rule, a truss with a hard pad which exerts sufficient pressure to retain a hernia, if long continued, will cause weakness and absorption of the underlying tissues. If other curativ measures be not employed, it is certainly advisable to wear a truss which thoroly retains the hernia; for an unsuitable truss may cause greater injury than benefit.

The injection of paraffin, to act as a plug and to become incarcerated in the tissues, is a treatment that I am not fully familiar with; therefore I cannot condemn nor favor it. From the few cases in which I have seen the results, it had a tendency to cause abscesses, and the plug would sometimes shift its position.

The object of the injection method, with which I am familiar, is to set up sufficient irritation to close the hernia rings and canal by adhesions. I have given 15,000 such treatments without a death; and the general results of the treatment have been good.

I have cured large scrotal and umbilical hernias of years' standing by the injection method, where one would suppose only an operation could be successful; and I have sometimes been disappointed with the results in small hernias. Many of the patients who were cured 10 to 15 years ago are now going without support, or simply wear one for protection and not retention.

Because of the many strangulations, suffering and pitiable cases of hernia that I have observed, I look upon a hernia as a condition which is liable to cause grave consequences at any time; so my efforts have never been so much to see how large a percentage of my patients can dispense with all support, as it has been to cure the hernia if possible, and if not, to secure and insure the greatest amount of benefit, safety and comfort for the future as well as the present. In all probability, the cutting operation will effect a larger percentage of cures, and quicker than by the injection method; but the injection method has a great advantage over the operation, as it can be employed where age and weakness of the abdominal muscles would render an operation inadvisable. However, weak muscles and old age would lessen the prospects of patients being able to dispense with all support afterwards, were a cure effected. Where a cure is not complete, patients can generally be greatly benefited, so that an easy truss is all that is required. Hernia is usually more troublesome and harder to retain when the muscles have lost their firmness and resisting powers, which is more apt to occur in the aged; and at the same time a truss with severe pressure cannot be borne with comfort. Should there be a recurrence following the injection method, a few treatments may remedy the injury; while should there be a recurrence following an

Digitized by Google

operation, conditions may be so unfavorable as to be beyond repair by any means.

A surgeon from the West informed me recently that he always employs the injection treatment in suitable cases, and that his results had been as good as with the knife. He has his patients remain in bed while undergoing treatment, which is the best plan if it can be carried out, as better and quicker results will be accomplisht by such a course. To be laid up for two weeks or more is a disadvantage to most patients; on that account mine continue at their usual occupation while undergoing treatment.

The vast majority of persons with hernia will not submit to an operation unless to save life, even tho it were always successful; they will continue to depend on a truss for relief unless other less objectionable curativ or beneficial measures are suggested.

While the injection method for hernia is not a "cure all," and also has its disadvantages, it has already been the means of curing and affording great benefit to thousands of sufferers; and it will increase in favor as time advances. I am frequently askt what can be done for ventral hernia by the injection method. The opening in most ventral hernias is entirely too large to be effectivly closed or united by such means; besides, when muscles are divided, the contractil forces are exerted in the wrong direction and tend to increase rather than diminish the size of the opening. It will be found useful in small ventral hernias, and especially where the scar tissue presents evidence of dissolution; and over small areas of atrophy of the muscles.

A few injections of from 5 to 10 minims of alcohol or some other harmless irritating fluid will excite new granulations and materially thicken and strengthen the weakened wall. If the wall only shows evidence of giving way, the fluid should be deposited directly over the weakened portion; but if the opening be complete, deposit the fluid over the edges till it is closed, then directly over it. Within a day or so afterwards there will be infiltration and hardness covering a space of a silver half dollar, much of which will gradually disappear.

The following formula is more irritating, astringent and less liable to spread or flow into the aperture if there be any, than alcohol; and it is better if the opening be of any size.

℞

Zinc sulfate	gr. iij
Guaiacol	m. iij
Creosote	m. iij
Fld. ext. hamamelis	m. xxx
Glycerin	m. xxx
Alcohol	m. xv

M. Sig.—Inject 3 minims a week or so apart, or when reaction has disappeared.

I also depend upon these fluids in other forms of hernia.

C. FLETCHER SOUDER, M.D.

Philadelphia, Pa.

"Mother's Friend" for Easy Confinements.

EDITOR MEDICAL WORLD:—In October WORLD, page 428, "Missouri Doctor" asks for the formula of "Mother's Friend." I do not know of the one he calls for, but I have one that I have given my patients, and have yet to find a failure. It is simply sweet oil—simple yet effectiv. Commence at the third month and apply over the lower abdomen, around and over the vulva and perineum every night at retiring. Where severe confinements were the invariable rule in the various branches of a family, faithful use of the oil by one or more of the same has always been rewarded by an easy confinement. It will not be any benefit to apply one night and skip one or two weeks; but use it every night until the birth. One of my patrons who had suffered agonies in two previous confinements followed the oil plan, and is so grateful at her easy delivery that she has named the girl Olive.

DANIEL W. DIMOCK, M.D.

Brockton, Mass.

[The above is honest. The advertised "Mother's Friend" was analyzed by the North Dakota Agricultural Experiment Station in 1908 and found to be "nothing but cotton seed oil." Later the U. S. Government analyzed it and found it to consist of oil with a small quantity of soap; and adjudged the preparation misbranded. It is, or was, put out and advertised by the Bradfield Regulator Company, Atlanta, Ga.—ED.]

Government Analysis of "Mother's Friend" Said to Show That it Consists of Oil and Soap.

EDITOR MEDICAL WORLD:—In the October WORLD, page 428, a doctor asks for the formula of "Mother's Friend." If he will send to the U. S. Department of Agriculture, he can obtain a pamphlet contain-

Digitized by Google

ing a copy of a judgment obtained by the United States against the manufacturers of "Mother's Friend" for misbranding the preparation. The judgment was rendered July 16, 1909, in the District Court of the United States for the Eastern District of Louisiana.

The government had samples of "Mother's Friend" analyzed, and it was found to consist of an oil and a small quantity of soap. The government claimed that it was impossible for the preparation to do what its makers claimed for it, and when brought before the court the company admitted that the government's contention was true; and judgment was therefore rendered for violation of the Food and Drugs Act. The forty-three cases of "Mother's Friend" which the government had seized were condemned. It was ordered, however, that the company should be given possession of said drugs, providing it should pay all costs, and guarantee under a $1,000 bond not to sell said goods contrary to law.

Dunlap, Ill. E. W. ZOOK, M.D.

[Thank you, Doctor. It is this spirit of mutual helpfulness which makes the benefits of belonging to THE WORLD family so manifest, and which gives encouragement to the Editor. "Missouri Doctor" will please note.—ED.]

The Old Doctor. By One of Them.

EDITOR MEDICAL WORLD:—What shall we do with the old doctor? Give him a rest, as we do our old horses—that is, those that have become rusty (too lazy to keep up with the workers). I am one of the oldest practicians of this county, having been in activ practise for nearly forty-five years, and within four miles of the place where I studied. Am a graduate of the Medical Department of the State University of Missouri. All we old fellows need is to keep young in medicin by continual study. Don't lose interest in all the advancements that are being made in all the departments of medicin. Be activ; show your patrons that your interest in their cases is just the same as when first beginning. Answer all calls promptly; greet all with a pleasant word, whether friend or foe. Make no unprofitable investments. Always be at your office when not out on a professional call. Impress a patient that you thoroly understand his case; make him believe you will cure him sure, and success is certain.

I am 68 years old. Can get out to a call just as quick as twenty years ago. And I feel as young and even younger than many at 40. Have always been a teetotaler, and temperate in all other things. Commenced the study of medicin without a cent. Workt for my board and borrowed money for lectures. Was brought up on a farm. Took up my musket in '62 and went to the front with Uncle Sam's boys. Continued there until disabled and honorably discharged from the service. Came home and studied medicin, completed the course, married one of the best rebel girls in our country, raised a family of ten, four boys and six girls; educated them well. Gave three boys a thoro medical education and one a business education; all are doing well. I have a good home and considerable money loaned out; and am still in activ practise and just as eager for success as I was with my first case; and am not thinking of giving my practise to a younger man for a number of years yet.

My dear old wife is still living and just as sweet to me as when I first took her to be my better half. She has always carried the pocket book. So we both are happy in our old days, with nothing to regret.

As to Dr. Taylor's religion, I don't agree to all, but he has a good many good ideas; and I would rather believe as he does than be a sectarian. I respect every one's religion and politics, but of course have my own views and beliefs. I believe I came from somewhere, and am going to an eternal home. We are in God's hands, and He will do right by us. The whole sum is this: love your fellow man and do all the good you can.

G. W. N. ELDERS, M.D.

Hematite, Mo.

Homeopathic Results.

EDITOR MEDICAL WORLD:—Feeling much interested in the case reported by Russell C. Markham, M.D., of "Eczema of Ten Years' Standing Cured by Combination Methods," October WORLD, page 411, I wish to add report of a similar case, of more than twenty-five years' standing. Not a week have I not heard of itchy skin from my wife, being able only to keep it in sub-comfortable subjection until about two months ago, when I obtained tablets from homeopathic headquarters, of Skookum Chuck. One tablet q. d. for less than two weeks cleared up the whole suffering.

Digitized by Google

with no return. Skin is smooth and shows no appearance of the old irritation, thickening nor roughness. A soap of same ingredient is used in general baths, which is very pleasant to the skin as well.

Another case, in my own person. Some twenty years ago I began to have spasm of ciliary muscles, attacking one or both eyes at same time, occurring about half a dozen times a year, but eventually increasing in frequency until such would repeat every few weeks and at last more than once a week. I wrote to my professor in eye work, who wrote me he had had the same trouble for the last fifteen years and would have same for fifteen more if he lived, and so would I. This was not very encouraging, and thought I would have to add this to my already not slight ailments—I have paraplegia and use a wheel chair. I spoke to a neighboring homeopathic brother, who said if I would take some of his form of treatment he thought he could put me in the way of benefit. I took pellets of belladonna for less than a fortnight, and the ciliary trouble took its departure—this has been nearly a year ago.

Again let me sound the praises of Hahnemann: A growth was noticed extending from left side of vulva to margin of anus, nearly two inches long by nearly an inch in thickness, hard, and sore, somewhat pulsating. Being scared, for this case was my wife, I lookt up similia, and found belladonna again coming in line, and gave one pellet four times daily for six days, and to our joy and wonderment the growth had softened and disappeared.

Now, brother regulars, let us throw prejudice aside and see whether or not the above results were not beyond the usual means at our hands in our school. Could we with any known remedy, in a week, get such a radical result in any of the above three cases as was gotten by the mild and almost unexpected and apparently visionary treatment as the above? Let us accept the good wherever found, on Christian ground, in medicin, politics and in religion. TRUMAN COATES, M.D.

Oxford, Pa.

The harmful effect of the use of tobacco on all but the most vigorous individuals is shown by Dr. George D. Meylan, of Columbia University, in the *Popular Science Monthly* for August last. As usual, it is the medical scientist who educates the lay public against the evil—and the number of such instructors is a growing one.

QUIZ

New books as they appear are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Extensiv Burn; Treatment; Skin Grafting.

EDITOR MEDICAL WORLD:—I write you for assistance in extensiv burns. I have patient burned from waist to toes, with gasoline. He has no skin on right leg from groin to ankle; and on left leg one-half the skin area is bare; on inside and front of leg from groin to big toe, also scrotum, perineum, part of buttock; so he cannot sit up or use a bed-pan. Also part of penis and large area on abdomen gone. His limbs are sluft off clean, and granulation starting nicely. I wish your assistance in best methods of treating such wounds and the best and latest methods and technic in skin grafting.

Hildrith, Neb. A. D. MAHAFFAY, M.D.

[The large area involved does not influence the treatment in any way, except that one must be careful not to incorporate antiseptics which might be absorbed and act as poisons. It is not possible to keep a burn from exuding pus, anyway, and we cannot say that we are favorably disposed to the use of antiseptics like carbolic acid, picric acid, etc., in burns. We have never gotten any better results from any form of dressing than that which the old-fashioned carron oil has yielded us in many desperate cases. We like to mix it in a quart bottle, adding an inch of lime water and then an inch of flaxseed oil, agitating thoroly, and again adding a like quantity of each, and again agitating thoroly, and so on till the container is almost full. We cut strips of lint a couple of inches wide, soak them with the carron oil, and immediately apply around the limb. By this plan, when redressing, you need only expose a portion of the lesion at a time, and

Digitized by Google

can quickly recover it again. We dress daily or every other day, owing to amount of pus, and wash off the lesion as we dress it, with a solution of boric acid; corrosiv sublimate, 1 to 3,000; or carbolic acid, a dram to eight ounces; immediately covering, after the washing, by the carron oil soakt lint. If the dressing becomes dry between dressings the attendant can again soak the dressings without disturbing them, by pouring a little of the carron oil over them.

You will probably have trouble with extensiv scar formation where the area involved includes so many joints and flexures of the skin. Frequent dressing to prevent deep ulceration, early skin grafting, and judicious early motion and massage after the new cuticle forms, will do much to retard this distressing complication. The technic of skin grafting is too long for this column. You will find an editorial on this subject in this or the next issue.—Ed.]

Peculiar Swelling in Side of Neck: Diagnosis Wanted.

Editor Medical World:—I have a case that my library does not cover. Patient is female, age 17, in perfect health otherwise, family history negativ. First attack when two years old; swelling appeared on left side of neck below ear; this was lanced several times, and in about three months disappeared. This swelling is about two inches in diameter. Since then, swelling appeared at intervals, sometimes a month, other times not for six months; but always on the left side of neck. The location varies from below ear to clavicle, but only one swelling appears at a time, and always on left side. This swelling reaches its maximum size in a few minutes and disappears in anywhere from an hour to three days; is very painful, and hot applications seem to be the only agent that affords any relief. When patient has one of these attacks she is confined to bed; there seems to be no systematic disturbance; swelling is hard and angry looking. When over the attack, this young lady is in perfect health and very activ. Any help, I can assure you, will be appreciated. F. O. Kaps.
Britton, S. D.

[The Editor frankly confesses his inability to make a diagnosis, and will ask any of the family who knows what the lesion is to write direct to the Doctor and help him out. To reach its maximum in "a few minutes" absolutely excludes "scrofula." The painful character and limited area affected exclude giant urticaria. Her otherwise "perfect health" and activity between the attacks would lead one away from thinking of a neurotic taint. The sudden onset and comparativ quickness of disappearance, together with the limited area affected and the continuous selection of this area, are confusing, and we regret our inability to make any suggestion whatever.—Ed.]

How to Go About the Study and Practise of Simple Refraction.

Editor Medical World:—Will you suggest how one should go about taking up the study and practise of simple refraction?
A. E. Gardiner, M.D.
Clinche's Mills, New Brunswick, Can.

[The best way, of course, would be to take a post-graduate course on the eye, and follow it with an interneship in some of the large eye hospitals in this country or Europe. When one attempts doing refraction, he must be competent to solve whatever problems he may meet, for one can no more select "simple" cases in ophthalmology than he can limit general practise to uncomplicated cases. We presume, however, that this is not the plan you wish us to suggest, for you probably want to take up this study while you remain at home and continue your general practise. And you can do this, too, with considerable financial gain to yourself and considerable satisfaction to your patients; but, as in any specialty, the more you know of the matter, and the more you have seen eminent men work, the better man you will know yourself to be, and the greater skill you will possess.

If you wish to remain at home, take up first the study of the eye itself, embryologically, histologically, and anatomically. Make thoro work of it as you go, so that you will have a good foundation for whatever knowledge you may glean later. If the general text-books you have supply you with this information, well; but if they do not, get new ones that will. You had this all during your course of lectures, but do not trust to your recollection on this, for if you did not "skim" over it during your student days, you were a notable exception to the general custom of students. Make another round of it, and we repeat, do it thoroly. When you feel that you have mastered these elementary matters, purchase one or more of the following named books, and master them: Refraction and How to Refract, Thorington, publisht by P. Blakiston's Son & Co., Philadelphia, Pa., at $1.50; Spectacles and Eyeglasses, Phillips, by the same publishers, at $1; Prevalent Diseases of the Eye, Theobald, publisht by W. B. Saunders & Co., Philadelphia, Pa., at $4.50; Diseases of the Eye, Jackson, W. B. Saunders Company, $2.50;

Digitized by Google

Optical Dictionary, Blakiston's Son & Co., by Hyatt-Woolf, sold at $1; Thorington's Retinoscopy, by the same publishers as last named, at $1; Eye Injuries and Their Treatment, Ramsay, publisht by Macmillan & Co., New York, N. Y. This by no means completes the list of inexpensiv but valuable works that will suit your purpose, and you cannot have too many books, if they are well read. After you have thoroly digested a few such works, you will be prepared to do some actual work. These books will indicate to you the instruments and appliances you will need; after that it is a matter of experience and good judgment. Once you do a little of this special work, you will hardly be satisfied until after you have served a tutelage under some eye man of eminence, or have taken a post-graduate course on the eye, or secured an interneship in a large eye hospital; tho, we admit, many do good work without ever being able to gratify this ambition.—ED.]

A Gonorrhea Mixture

EDITOR MEDICAL WORLD:—I am sending herewith a four-dram vial of a preparation that is used here for gonorrhea. It is taken in teaspoonful doses four times a day, and is compounded by a druggist in a nearby town. It is claimed by those who know that "a six-ounce bottle, taken as above, will cure almost every case." No injections are used, and no special restrictions regarding diet are advised. The party that furnisht me this sample says he personally knows at least a dozen young men that were cured for fifty cents, one bottle. If that is true, I consider it of great value to the profession, even tho it be a villainous mixture, and its formula should be generally known. Can you tell us what it is?

Henry, Ill. J. A. SWEM, M.D.

[We cannot tell of what the mixture is composed, but "villainous" is entirely too "ladylike" a term to apply to it. The sediment is probably salol, at least in part; and the oily substance is most likely sandalwood or copaiba, or maybe both, blended. If we had any confidence in the reputed virtues of this mixture, and it was being used extensivly in our neighborhood, we would submit it to some good testing laboratory. A larger sample would be necessary for this purpose. We have no facilities for making analysis at our office, for we do not have the time to devote to such work. We think Zueblin & Proescher, Room 905, Keenan Building, Pittsburg, Pa., will do this work for you, if you wish it.

We could give no credence to the report that "it will cure almost every case." No internal treatment, however scientific, and however well adapted to the individual by a trained physician, alone, will cure "almost every case." And when the claim is seriously made that forty-eight doses of any mixture will perform such cures, it is preposterous, especially when one takes into consideration that it is prepared and dispenst by a man with no knowledge of medicin, and with no effort to modify or adapt it to the needs of various individuals. —ED.]

Exceptions Taken to Treatment of Hay Fever by Antisepsis and Oily Sprays.

EDITOR MEDICAL WORLD:—In your reply to Dr. McNeel on page 430, October number, you speak of hay fever as an easily managed and readily curable disease. For over twelve years I lived with "vasomotor rhinitis" from spring until fall, with occasional attacks during the rest of the year. During August asthma usually appeared to remind one that things could be worse. Every suggested remedy except cocaine was tried. Specialists were consulted; all said, "nothing to be done but operation." The first substantial relief came from the cautery. Complete relief and apparent cure has resulted from removing a middle turbinate and straightening a deviated septum. I am convinced that no one afflicted with hay fever has a nose thru which the air enters and finds its exit in a physiological manner. The nose may be roomy enuf, but it is not normal. I have not examined a single case of vasomotor rhinitis since taking up special work, that did not need operativ measures, and all my signal successes in curing have been operativ cases.

If you can cure a majority of these cases by mild antiseptics and oil sprays, you ought to give your exact technic, for you are the only man of standing that I know who claims to be able to do it. J. R. SCOTT.

Waterloo, Iowa.

[You err in saying that I am the only man of standing who claims to be able to cure these cases by antisepsis and oily sprays. Many rhinologists make this claim, and produce case reports substantiating it. At the same time we admit the place which the actual cautery fills in indicated cases. Likewise, too, we have many times seen the cautery used when it should not have been used, and the patient left in worse condition after its use than before. Surgery, also, has its place in cases of deformed and diseased turbinates and in deviation of the septum. We have no intention of claiming that antisepsis will cure every case, but we are quite as positiv that surgery will not cure every case, either. The plan of wisdom, for general practician quite as well as specialist, would be to make trial of the antiseptic treatment first; then, if it fail, and surgery or the cautery be indicated, to supply the indication.

Hollopeter, in 1898, wrote a little book

Digitized by Google

detailing the technic of the cure by antiseptics and oily applications. The following year a second edition came out. The title of the book is Hay Fever; Its Successful Treatment. It contains 145 pages, and is publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa., at $1. It will make interesting reading for you, even if its date is some years back. —Ed.]

Dysmenorrhea

Editor Medical World:—I have a patient that has dysmenorrhea. Single, age 24, in good health and normal every way excepting this menstrual trouble. She has the periods every twenty-three to twenty-five days, and they last the usual time of about four days. She has no pain until the flow starts, and then it is very severe and lasts for several hours. The pain is in the lower region of abdomen and extends down the legs. The flow is normal in both amount and color. I cureted this patient some two years ago with but little benefit. I have given her almost all the usual treatment that is recommended for the trouble. I might add that the uterus is normal in size and position, also the ovaries seem to be perfectly normal. She has had the hot baths. I would be very grateful for any assistance that you can give me. Alex. Hannah, M.D.
Sardis, W. Va.

[The trouble may be due to spasmodic contraction of the uterus, thus inducing a constriction of the internal os, with consequent obstruction to the outlet of the menstrual discharge. If you were to pass a sound, it is likely that you would find the opening much smaller than after curetment. Even tho the outlet seems ample, spasmodic action will often contract it so that severe pain results. There are wire dilators on the market which are easily inserted, and which would give markt relief if this hypothesis be correct. Any instrument dealer can supply them. They are inserted prior to the flow, and removed after the molimen has ceast. It is said some patients wear them continuously for several months at a time without removal, but we would not advise this plan lest inflammation or at least irritation be developt.

Hot sitz baths, when the pain appears, of twenty minutes' duration, would probably give relief at each period, but we realize that it is a permanent cure you seek. A long course of fluid extract of black haw and fluid extract valerian might work wonders in this case. Also, it would be well worth trying a long course of a neutral solution of iron peptonate and manganese. Only four to six months' treatment of either would be apt to yield permanent results. The well-known combinations containing such drugs as star grass, blue cohosh, cramp bark, fase unicorn root, and squaw vine are often efficient in these cases. If there is any constipation, it must be removed by a long course of laxativ medication before any improvement can be hoped for. Make very particular inquiry regarding this feature, as the most truthful woman can hardly be depended upon to give true information in this regard, unless closely quizzed.—Ed.]

Incipient Tuberculosis.—Improvement in Trachoma.

Editor Medical World:—I would like some help as to diagnosis in the following case: E. M., age 17 years, male; family history on father's side good; on mother's side, grandfather and all great aunts and uncles died with pulmonary tuberculosis. Mother living and in good health. May, 1910, he became sick with what seemed to be malarial fever of a very low grade, but quite stubborn. He continued in that condition, at times better and at other times not so well, until September 22, 1910, at which time I first saw him.

On examination I found him with temperature 99.5 degrees, pulse 100, tongue coated with heavy dark-brown coat at base, liver not perceptibly enlarged, bowels inclined to be constipated, complained of dizziness, appetite good, great languor most of time. I found a markt depression on left side, extending from the sixth rib down to and including the twelfth. The depression is at least one-half inch in depth. There is markt dullness over all the deprest area. There is no cough or pain in any portion of chest. Since first seeing him I have found him at times, especially in the mornings, clear of fever, and never more than one degree in the evenings.

The depression above referred to was first noticed by the patient about the beginning of his sickness in May. Will also say that since the beginning of his trouble he has lost about 20 pounds, but has gained a few pounds in the last three or four weeks.

If you will kindly give me some suggestions on this case it will be greatly appreciated.

I would also like to thank those of your readers, and yourself as well, for their advice to me regarding my case of trachoma, of which my wife wrote you while we were at Hope, N. Mex. I am now able to attend to practise again, and if effects prove to be permanent I will be glad to give the line of treatment followed at some future time. J. W. Smith, M.D.
Verona, Mo.

[The symptoms strongly point to pretubercular consolidation. Open-air treatment is his hope. Procure a book on the technic of open-air treatment, and place him on it at once.

We are glad to learn of your improvement, and hope it will be permanent, and most certainly we will be glad to have you detail the successful treatment for the benefit of the family.—Ed.]

Digitized by Google

Cause of Subnormal Temperature Askt for.

EDITOR MEDICAL WORLD:—Will you please tell the causes of subnormal temperature, other than traumatism or hemorrhage? How low the tempertaure could reach and not be at a danger line, and how long could it be maintained at that point without danger?

Also of whom can I obtain a work on this subject? DR. WM. F. HOLDEN.

Winona, Minn.

[The temperature of 98.4° F., commonly spoken of as normal, is only relativly so, as the temperature varies slightly thru the day and in different individuals. A range between 97.3° and 99.5° occurs in perfect health. If increase or decrease from these points be persistent, disease is inevitably present. The lowest temperature is noted at 2 o'clock a. m., and the highest at from 4 to 6 o'clock p. m. A lower temperature than 92° is seldom noted, even in fatal collapse. A temperature of 96° indicates imminent collapse. A low temperature may be transitorily noted in disease of any kind where temperature has been above normal, preceding a return to normal. It is occasionally noted in the morning remission of remittent fever; in the apyrexia of intermittent fevers; in acute collapse; in chronic wasting diseases, and sometimes a short time previous to death. Any dealer in medical books will quote you prices on various works on fever.—ED.]

Red Noses.

EDITOR MEDICAL WORLD:—I have been very much interested in your article: "Cosmetic Surgery," pages 403–404, October WORLD. I have two patients, men, who have the red noses you speak of, and neither of these men have ever been "boozers," but their noses are always the subject of "funny remarks," and it is very embarrassing to them. Will you kindly tell me what I can do to relieve them? Their trouble seems to be that of broken-down blood vessels. I am always very much interested in your paper and prefer it to any of the six journals I am taking. Before I read your paper I bought some stock in a peat fuel company, and used all kinds of collecting agencies, to my sorrow. Since taking, I have had no trouble in those lines. Hoping that I may hear from you soon, I am

Delta, Ohio. F. D. B. WALTZ, M.D.

[We hope you will turn again to the editorial which interested you, especially as it is suited to your immediate needs, and note the closing paragraph. We tried to make it plain that success in cosmetic surgery can never be safely attained except by thoro reading, and cautious advance thru experience and practise. In the cases you ask help on. telangietasis may be secondary to rosacea, in which case you must attack the original disease. Any good work on skin diseases will help you out in this effort, but we have not space in this column to discuss matters handled so thoroly in all text books. If the area of "broken-down blood vessels" be limited to a small extent of skin, it may be removed by puncture with a white hot needle, under local anesthesia induced by ethyl chlorid. The electrolytic needle, at two amperes, is another method. Application of a five per cent. solution of alum has proven beneficial. Inunctions with an ointment or lotion of ichthyol, ten to twenty per cent., have proven efficacious. E. B. Treat & Co., of New York, N. Y., may be added to the list of publishers named in the editorial, having recently put out a book by Josephs, A Short Handbook of Cosmetics, selling at $1.—ED.]

Charts Illustrating the Hookworm Wanted.

EDITOR MEDICAL WORLD:—Can you tell me where I can buy some large size charts showing up the hookworm? I want something suitable to hang in my office to demonstrate or lecture from to those of my patrons who may be interested on the subject of hookworm disease. I want something like the plates used by Dock and Bass in their recent work on hookworm disease, except the charts should be much larger.

Oakman, Ala. DR. H. W. STEPHENSON.

[We do not know of any such charts having been publisht, but we must compliment you on your enterprising spirit, for you are the first subscriber to ask such a question. If the south were more liberally supplied with physicians like yourself, the ravages of hookworm would soon be stayed. A local artist might make sketches from the plates that would be sufficiently exact for purposes of demonstration.—ED.]

Failed to Find Books on Cosmetic Surgery.—Addresses of Publishers.

EDITOR MEDICAL WORLD:—I read your article on "Cosmetic Surgery" in October WORLD, and was very much imprest with it. I sat down at once and wrote the firms you suggested, and I was very much disappointed when they wrote me that they did not have a work of that kind. The reason I wrote several was, if I should fail to get it from one I might get it from others. I wrote all the firms to send book and I would immediately send check in payment. I really hoped that I would get a book from each firm. I was anxious to fully acquaint myself with cosmetic surgery. If you can recommend even one good work, will you please designate the work? R. L. HARDWICK.

Mt. Vernon, Ind.

[Handbook of Cosmetics, at $1, Joseph, publisht by E. B. Treat & Co., 241 W. 23d St., New York, N. Y.; Lectures on

Digitized by Google

Cosmetics, Saalfeld, publisht by Paul B. Hoeber, 69 E. 59th St., New York, N. Y.; at $1.75; Hydrocarbon Prothesis, Kolle, at $2.50, publisht by Grafton Medical Press, New York, N. Y.; Parafin in Surgery, Luckett & Horne, publisht by Surgery Publishing Co., 92 William St., New York, N. Y., at $2, will all give you information of value. The last two are on the use of parafin.—ED.]

Probably Beginning Prolapse of Urethral Mucous Membrane.

EDITOR MEDICAL WORLD:—I have been practising medicin for about thirty years, and I have never seen nor heard of such a case as the following before, and the peculiar thing about it is that in less than a month after seeing the first case I came across another just like the first. It is common for us to do that, but not in such rare conditions as these cases.

Patient is a female, 54 years old, white; passed the climacteric at about the usual age, and nothing eventful about her family history. The trouble is in the distal end of the urethra from the meatus for about a half inch or a little more, and gives the end of the urethra a bulbous appearance, and causes the meatus to be patulous, but there is no leakage. She suffers with severe burning pain that will last for a week or ten days, and then be free of all pain for a week at a time. She has found that water as hot as can be borne gives her more relief than anything else. I thought that I had a case of urethral caruncle, but it is not like any case of that kind that I have ever seen, and I have seen several, and have had no trouble in curing them. The lower end of the urethra is considerably thickened, and on the inner surface presents longitudinal elevations that are something about the size of a match, and appear to be not firm and are darker in color than the sound mucous membrane. There are several of these longitudinal elevations. They are not the red color of the urethral caruncle, but of a brownish color, and are entirely inside of the urethra and there is no narrowing of the base. I tried an application of argent. nit. cryst., 20 grs., to the fluidounce of glycerin, applied every day for a week, and that made no impression and gave no relief; and I then injected them as best I could with a favorit preparation that I use for injecting piles. It is a 5 per cent. solution of carbolic acid in distilled extract of witch hazel and glycerin. That is, I mean that I injected the elevations inside of the urethra, hoping that they would shrink up like the pile tumors do. She has been in to-day, and says that she has been free of the burning pain for the week since I injected them until to-day, and that she has felt some of it to-day; but inasmuch as she goes that long without pain before she had the treatment, she does not know whether it is the result of the treatment or not, but thinks that it is, for she had gotten so that she was in pain most of the time just before I began treatment.

The bulbous appearance is as pronounced as ever to-day, but the tumefaction inside the urethra looks ragged. I do not think it will be a success, and believe that an escharotic will have to be used. I hope the family will take an interest in these two cases, and report if they have ever seen such cases, and the treatment they found successful. Awaiting their and Dr. Russell's replies with interest, I am, fraternally yours, J. F. MCCARTY, M.D.

Comanche, Texas.

[We think your cases are a beginning of prolapse of the urethral mucous membrane, as you would hardly mistake caruncle, having seen a number of cases. The color is against the idea of caruncle, as is also the absence of any pedicle. The new growths of the female urethra are concluded when one names caruncle, fibroma, sarcoma, and carcinoma, hence we do not think it is to be placed in this class at all. The color indicates urethral prolapse.

We suggest application of adrenalin solution, pressing the bulging portion of the meatus back within the canal, and the application of a firm compress. If this fails, we think it will we preferable to excise a portion of the mucous membrane of the urethra, rather than attempt a cure by caustic or cautery.—ED.]

Is There a Liquid Guaiacol Carbonate: An Antineuralgic Injection.

EDITOR MEDICAL WORLD:—In looking over my clippings to find a remedy for an obstinate case of neuralgia I ran across an article from J. T. Rees, M.D., of Florence, Col.. in answer to H. Rosahnsky, M.D., in November WORLD, page 431. Of what year I do not know, as I have only a clipping. Dr. Rees advises that an injection be made into the submaxillary nerve of

℞

Guaiacol carbonate liquid.....dr. 2
Chloroform spts. (Squibbs).....dr. 3
Sig.—Inject 10 to 20 drops.

Now, what is bothering me is that I cannot find any such medicin as liquid guaiacol carbonate.

Does he mean guaiacol?

Cannonsville, N. Y. R. K. PALMERTON, M.D.

[If you had preserved your WORLDS in binders, you would have a satisfactory method of reference. Dr. Rosahnsky's article is in November WORLD, 1900, pages 431 and 432; and Dr. Rees' article is in February WORLD, 1901, page 68. Dr. Rees is no longer on our subscription books, nor can we find his name in the medical directories in Colorado; but a similar name is given in Reno, Nev.; and this may be the same man, moved to Reno. You might write him there if you wish.

Guaiacol carbonate is a white, crystallin, odorless, tasteless powder. It is insoluble in water, but is soluble in chloroform, alcohol, ether, and slightly so in glycerin

Digitized by Google

and fatty oils. Being soluble in one and a half parts of chloroform, we presume two drams would dissolve in three drams of chloroform; or, the prescription may mean that it should first be dissolved in the chloroform, and then the three drams be added.—ED.]

Epilepsy in a Child.

EDITOR MEDICAL WORLD:—May 19, 1908, was called to attend in labor a lady 30 years old, married; had had a miscarriage one year previous; twins, 6 months; the usual program was followed out; labor not hard until late in afternoon. The mother is a fine specimen of anatomy, weight about 150. Normal presentation, but try as we would, no advancement was made after the head engaged in the lower straight for three or four hours. Called counsel; applied forceps, made delivery with very little difficulty; a female child. The child's weight about 7 pounds; normal head; normal size and not badly out of shape, and bid fair for a long and happy life. Mother made good recovery. Baby soon developt colic, and it was a daily occurrence, no matter how careful they were in feeding it. It nurst mother for six months, when we changed to the prepared foods. She was costiv from birth. At 5 months she had a light convulsion, and in about two weeks another, and they continued to grow harder, would last from five to thirty and even forty minutes, and occur from eight to fourteen and twenty-one days apart. When one year old we took her to a specialist, who put her on the bromid treatment, but they continued, tho after a few months not so frequent. From two to three weeks, for the last year, they are epileptic in form and last from five to fifteen minutes. They are always preceded or succeeded by stomach and bowel disturbance, offensiv discharges, sometimes mucus and slime, and vomiting. She complains of her stomach hurting often, wants it rubbed several times a day and at night.

Aside from indigestion and pain in stomach, she is healthy, good size, and looks the picture of health. Has eighteen teeth, very bright, runs and plays and rides much in the open air. Her diet is restricted much as can be for a child to go to the table and eat with the family. Am giving the bromids daily.

From the above, if you can, give me an idea of the cause of the trouble. Can she get well, or is she a confirmed epileptic? What would be your advice? I would like to see epilepsy discust further in your journal.

I omitted to say there is no epilepsy in the families on either side, tho nervous. My consultant attributes it to traumatism as result of forceps delivery.

Now, Brother Taylor, you may make any use of this to the good of the profession you can, but write me a personal letter, and if you want any further details, will do the best I can, but am not accustomed to writing for publication. This case is my son's child, so I can only sign myself as an ANXIOUS GRANDFATHER.

Indiana.

[We cannot find anything in the history of this case which indicates that the epilepsy is due to traumatism at birth, and we think your consultant lackt good judgment in saying anything of the kind, under the circumstances. There is no possible way of proving such to be the case, and even if there could be, he should have thought of and spared your feelings. We regret, too, that we can give you nothing definit on prognosis, for every case is a law unto itself in epilepsy. It is sure that the bromid treatment is always the first to try, and it seems to have produced a good effect here. A very important matter, in children, especially in this case, which shows evidence of imperfect digestiv power, is to keep the digestiv function at as high a state of efficiency as possible. This is best done by the continual use of some preparation like elixir lactated pepsin, 80 grains to the ounce; or elixir pepsin compound. Also make sure that the food is easily digestible and suited to the age of the child. We would not permit much meat, potatoes, or sugars or starches. This hygienic care will probably do quite as much as the bromid to ward off attacks.

We have said all we could have said in a personal letter, and you will note, at the head of the quiz columns, why we cannot make personal replies, much as we would like to do so. Epilepsy and Its Treatment, Spratling, publisht by W. B. Saunders & Co., Philadelphia, Pa., at $4, will give you a wealth of information.—ED.]

Abrus Heralded as a "New Cancer Cure Given to Science."

EDITOR MEDICAL WORLD:—I would like to know more about Indian licorice, or Rosary tree, and its alkaloid abrina. Note inclosed clipping from the Los Angeles *Examiner*, of March 27, 1910.

San Diego, Cal. ARTHUR A. COTTEN, M.D.

[The clipping follows the usual line when a reporter needs a "space filler" and attempts to write on a medical subject of which he knows nothing. You will find a complete description of abrus on the first and second pages of the National Standard Dispensatory. If you do not have one, your druggist will have a copy, and you can read it there. The abrus seed is the same as jequirty seed, which was thoroly tried out in eye affections in this country many years ago, and condemned. The poisonous constituent of the seeds is known as *abrin*, not abrina, as the reporter has it.

Abrus has been used in pannus, granular ophthalmia, and trachoma, but, as we say, it has not met favor at the hands of the profession. It is an intense irritant to mucous membranes, and if the applications be repeated frequently, violent inflamma-

Digitized by Google

tion and suppuration result. It has produced corneal ulcers, panophthalmitis, and gangrene of the lower lids. Suppuration of the parotid and submaxillary glands has followed its use. From this information you will see that you do not want to follow the lead of the Italian "Professor Rampoldi, who has given a new cancer cure to science." Abrus is said to be the main ingredient of a certain proprietary sold in this country to a certain extent, and recommended for obstinate affections of the eye and conjunctiva. It has also found a very limited application in gynecology, but the intensity of the irritation it induces has militated against its maintaining any popularity. It is too dangerous; the same therapeutic result is obtainable by the use of safer drugs.—ED.]

Summer Post-Graduate Work.

EDITOR MEDICAL WORLD:—I wish to inquire of a post-graduate school in summer where one may go for post work. I want to post next summer at some reputable institution, one you could recommend.

Fernandina, Fla. R. RECHE WILLIAMS.

[Will some of our readers who have had experience in summer post-graduate medical schools in this country kindly write the Doctor? Most post-graduate schools are open in summer, or at least a part of the summer. We suggest sending for the announcements of the Phila. Polyclinic, 18th and Lombard Streets; the N. Y. Post-Graduate Med. School, 2d Avenue and 20th Street; the N. Y. Polyclinic, 214 E. 34th Street; Chicago Polyclinic, 219 W. Chicago Avenue; Illinois Post-Graduate, 1844 W. Harrison Street, Chicago; and also the Post-Graduate Med. School, 2400 Dearborn Street, Chicago. The Jefferson College, Phila., gave a summer course during this past summer, and may again next summer. It seems that the Chicago Col. of Med. and Surg., 706 S. Lincoln Street, also gives summer courses.—ED.]

Proprietaries and Trade-Marks.

DEAR DOCTOR TAYLOR:—Will you do me the kindness to give me some information upon the following points? What is the difference between a proprietary preparation and a preparation, the ingredients entering the remedy being named in the literature, tho the manufacture of it be protected by the registration of a trade-mark? Do you know any proprietary preparation prescribed by physicians protected by trade-mark? THOS. M. JORDAN, M.D.

Raleigh, N. C.

[All trade-markt preparations are proprietary. A proprietary remedy is one which has a proprietor; and all trade-markt preparations are such. Calomel is not such a preparation, because it has neither a trade-mark nor a proprietor. The same is true of paregoric, and all ordinary drugs, and all mixtures which have not a coined and protected name. Wine of pepsin is not a proprietary, but Fairchild's wine of pepsin is, tho I do not think it is trade-markt. Listerine and glyco-thymoline are both proprietary, and both trade-markt, the coined name being the chief feature of the trade-mark. Proprietaries are not necessarily secret; and many of them, as for example the two just mentioned, are of high excellence. But some of them are secret, and some of them are fakes and frauds. Every doctor should learn to discriminate intelligently. The investigations of the Council of Pharmacy and Chemistry of the American Medical Association have effectivly "shown up" a great many fraudulent proprietaries, and thus aided the profession in intelligent discrimination.—ED.]

CURRENT MEDICAL THOUGHT.

Can Pneumonia be Aborted?

We clip the following from the July issue of the *Amer. Jour. of Clin. Med.*:

From a paper by Dr. John H. Landis, appearing in *The Lancet-Clinic* for April 16th, we copy the following report of a case of pneumonia successfully treated:

"Mrs. L., aged eighty-four years, in her usual health, was seized with a rigor at five o'clock in the afternoon. Coincident with this there was a sharp pain in the right side near the nipple, cutting short each inspiratory act. There was frequent painful, dry cough. When seen at 7 p. m. her pulse was 132, and very irregular; temperature, 102.3° F.; respirations, 40. There was a small area over the right lower lobe where fine dry râles could be heard at the end of an inspiration; there was no friction sound present. There was markt mental excitement, but no delirium, while movements of the body and extremities were almost continuous. The picture was that of lobar pneumonia.

"Ten drops of Norwood's tincture of veratrum viride were given as an initial dose and 2 drops ordered given every half hour during the night, if awake. In the morning the pulse had dropt to 80 and was regular and compressible; the respirations had decreast in frequency and were less painful; the cough was in every way improved; the temperature was 99° F.; the restlessness and mental disquiet had subsided and she had slept several hours. The veratrum was continued for about ten days, the dose being regulated so that the pulse was kept as nearly as possible at 70. Convalescence was fully establisht in about two weeks and the patient is now in her usual health.

Digitized by Google

"To those who will question the diagnosis it may be pertinent to say: If it was not pneumonia, what was it, and what other drug in the Pharmacopeia is capable of accomplishing the results obtained, regardless of the accuracy of the diagnosis?"

In spite of our personal predilection for veratrin over the tincture, we have no quarrel with Dr. Landis about his use of the latter. The doctor is accustomed to the veratrum viride and gets results from it. Some day he may decide to use veratrin, and find that he gets from it even more decided and prompt results.

The point which we desire to make in this connection is simply a repetition of Dr. Landis' question, *"If it was not pneumonia, what was it?"* and what other drug could have accomplisht the results obtained, could have changed the distressing clinical picture so promptly and so lastingly?

We certainly consider this case a splendid vindication of our position that pneumonia can be, and is, aborted, and that the right drugs used at the right time and in the right dose work, and they work right.

[Granting that the diagnosis was correct, and the treatment admirable, where does the "aborting" come in? The establishing of convalescence in two weeks is not unusual, even when the treatment has not been as prompt and efficient as in this case, and no claim of "aborting" the disease.—ED.]

Mark Poison Bottles With String.

Dr. D. W. Cathell, of Baltimore, proposes the above simple and efficient method for avoiding poison accidents. He says:

By the simple use of a piece of string tied around the neck of the bottle that contains the harmful liquid, Dr. D. Webster Cathell, 1308 North Charles Street, believes the "poison-by-mistake" problem can be solved. Dr. Cathell is one of the oldest physicians in point of practise in the city, and he said this morning that having always adopted this simple plan of warning, he has never had an accident of the type that has been shocking Baltimore recently.

Dr. Cathell has little faith in the poison label or the other elaborate protection devices that are used.

"Many people can't read a poison label," he said, "and no one can see one in the dark. The bottles with prickles on them are not efficient, because children or the ignorant mistake them for some attempt at decoration. 'What a pretty bottle!' they say, and imbibe the contents.

Simple but Efficient.

"I think the plan I have suggested is more efficient and at the same time simpler than any I have yet heard of. It is so simple that I hesitate to publish it. It is to have a bundle of string, preferably red, about the thickness of a pencil, knotted about the neck of the poison bottle, and cut so it will hang down almost to the bottom

"The person seizing the bottle could not miss it. In the daylight he could see it, and in the night time it would be evident by sense of touch. It would immediately suggest the unusual to his mind, and save him from a probably fatal dose.

No One Could Make Mistake.

"Let the druggist put such a string on every bottle he sells containing poison or some medicin or liniment whose internal use would be harmful. If the mother of the family would once warn the children of such a precaution, a mistake would never be made. In case it is desired to use the bottle for some other purpose, the string can be readily removed."

Hook Worm, Pellagra, and Infantil Paralysis Are Now Reportable Diseases.

DEPARTMENT OF PUBLIC HEALTH AND CHARITIES,
BUREAU OF HEALTH.
Room 712 City Hall.
PHILADELPHIA, August 1, 1910.

DEAR DOCTOR:—I beg to call your attention to a Rule and Regulation adopted by the Advisory Board of the State Department of Health in accordance with the authority given by Act of Assembly, approved April 27, 1905:

That all physicians practising within the limits of the city of Philadelphia shall make an immediate report of each and every case of uncinaria duodenalis (hook worm), pellagra, and anterior poliomyelitis (infantil paralysis) occurring in their practise, in the same manner that communicable diseases are now by law and by Rule and Regulation of the Bureau of Health, Department of Public Health and Charities, reported to the health authorities.

Therefore please make returns to this office in the same manner as other communicable diseases.

Respectfully yours, A. A. CAIRNS, M.D.,
Chief Medical Inspector.

Antidiabeticum.

A correspondent asks for information regarding "Bauer's Antidiabeticum," a preparation exploited by the Sanin-Gesellschaft of Koetzschenbroda-Dresden. He states that the "literature" sent out concerning this preparation is extremely quackish and he wonders if the product is not in the same class.

Advertising matter on Bauer's Antidiabeticum is a good illustration of the "literature" of "patent medicines" in general. Making allowance for somewhat imperfect English, we gather from it that previous attempts to cure diabetes have failed, but that the author has made a great discovery, by which, the cause of the disease being known, he is able to present a scientific treatment. The cause of diabetes, in his view, is simply an "indigestion of the severest kind, a weakening and a refusal to act on the part of the nerves regulating the so-called 'flexus sympathicus,' which causes auto-poisons to pass into the blood, thus causing gradual dissociation of the blood, and, therefore, deficient functions of all the tissues of the body." His explanation of previous failures is as follows: "All the different cures for diabetes failed until now, only because of their inability to fight and to render innocuous the diabetic acids, poisons, and parasites; especially aceton, acetic and oxybutyric acid." The true cure is, of course, Bauer's Antidiabeticum. After describing the symptoms, the author proceeds as follows: "Bauer's Antidiabeticum in conjunction with the new diabetes therapy does gradually away with all these symptoms. Open wounds are rapidly cured through a strict diet along with the use of Bauer's Antidiabeticum; slowly, however, when the albumins of the body are already decomposing into sugar, when the blood is progressing favorably the tissues of all sorts which were destroyed by the poisons regenerate gradually."

There is no limit to his enthusiasm regarding his great discovery. "I wish hereby to call again particular attention to the absolutely certain cure of wounds after using 'Bauer's Antidiabeticum,' especially after amputation, as I have proved on various cases." He cautions us, however, that "every case is curable in which the diabetic poisons have not gone beyond a certain limit."

Digitized by Google

The "literature," so far as we can learn, gives no information as to the composition of this wonderful remedy. There appears to be some difference in the composition of the product as made in the United States and Germany. The following is the method of preparing, according to the U. S. patent specifications:

"5,000 gm. Eugenia jambolana and 5,000 gm. dried kola nuts are mixt and ground as fine as possible. Then 125 gm. lime and 2,500 gm. water are added and the mixture triturated at a gentle heat and then allowed to stand for 24 hours. Carbon dioxid is run in till the alkalinity of the mixture is about 0.2 per cent. Then water is added at 50 degrees C. and the mixture filtered through animal charcoal. The resulting liquid has a specific gravity of 1.02."

According to Hahn-Holfert-Arends (Spezialitäten und Geheimmittel, edition 6, 1906, p. 24), however, the composition is said to be:

Ext. condurango	15 gm.
Jambolana fruit	15 gm.
Jambolana bark	15 gm.
Ext. arthante	10 gm.
Flaxseed	60 gm.
Bay leaves	2 gm.
Ext. gentian	15 gm.
Rosemary flower	5 gm.
Ext. calami	15 gm.
Star anise	3 gm.
Sodium chlorid	30 gm.
Ext. cinchona, alcoholic	15 gm.
Salicylic acid	3 gm.

It is needless to say that no physician who understands the pathology of diabetes would expect to cure the disease by means of such an absurd combination.—*Jour. A. M. A.*

Mrs. Cora B. Miller's Home Treatment.

ANOTHER FRAUD PUT OUT OF BUSINESS BY THE POST-OFFICE AUTHORITIES.

* A more complete account of the government's action in this case will be publisht in pamphlet form—illustrated—suitable for physicians to distribute among their patients. Price, four cents.

Kokomo, Ind., has long been known to the readers of not-too-particular newspapers and magazines as the headquarters of a philanthropic lady who for some years has been "spending a fortune in giving medical treatment absolutely free to suffering women"—Mrs. Cora B. Miller. The scheme was to send a free treatment to all women applying for it and to urge the prospective victim to take the regular treatment, price, $1. Form letters, "follow-up" letters and the other paraphernalia of the mail-order house were used in the usual way to relieve the gullible sick of their money. How well it succeeded was recently brought to light when the postal authorities lookt into the concern and found that the gross receipts of the business were in excess of $100,000 a year. In fact, the postmaster of Kokomo testified that during the fiscal year ending June 30, 1909, over $81,000 was paid to the concern on money orders presented by it and that a great deal more had been received by registered mail.

The "dope" furnished by "Mrs. Cora B. Miller"—apparently the same for all cases, whether a mild leucorrhea, a displaced uterus or a uterin carcinoma—was analyzed in the government laboratory, and according to the analysis, found to consist of:

Boric acid	39.96 per cent.
Tannin	5.78 per cent.
Cacao butter	54.03 per cent.
Carbolic acid	Trace.

(Average of three analyses.)

A box of this nostrum sold for $1; the cost of it probably was less than six cents. It is not surprising to read, therefore, that "Mr. Miller is without other source of income and has grown rich in this business . . . his holdings in real estate are probably more valuable than those of any other person in the county in which he lives."

Throughout the advertisements and circulars the implication was made that a woman—to-wit, Mrs. Cora B. Miller—was in charge of the business, had originated the "treatment," and directed the medical treatment of the dupes who wrote to the concern. All circular letters were signed "Mrs. Cora B. Miller," and every effort was made to convey the impression that a woman was running the business. As a matter of fact, the government showed that the business was conducted by Frank D. Miller, who started it under the name of the Kokomo Medicine Company and conducted it under this name until after his marriage, when it was reorganized and incorporated in his wife's name. According to the report, Mrs. Miller had nothing whatever to do with the conduct of the business, had never had any training that would fit her to prescribe for women's ailments, and, in fact, her name was evidently used only as an advertising asset—much in the same way as the old Lydia Pinkham advertisements exploited that long-since-deceased individual.

Miller himself is not a physician, and the investigation showed that the medicin was compounded by the clerks and stenographers whom the concern employed; the same clerks also answered—by means of form letters—the inquiries sent in by the victims. Miller claimed that his concern employed a "consulting physician," in the person of Dr. Chancellor, who was supposed to call at the office of the concern about once a week. Dr. Chancellor was very rarely consulted; in fact, there was no need of it, apparently, if all the victims received the same boric acid and tannin mixture.

Testimonials? Of course. There was never a medical fraud so blatant nor an imposition so brazen but could show testimonials in its favor. As the assistant attorney-general said in summing up the case against this concern: "The treatment, because of its antiseptic and astringent character, will undoubtedly palliate certain symptoms, and it is plain that the patients who have given these testimonials have been troubled only with conditions that the medicin will help. . . . This is, in fact, one of the most pernicious characteristics of this business; the company is aided greatly in its efforts to foist this remedy on the public by these statements, which are, no doubt, truthfully quoted, but which are the result of self-deception and known to be so by the promoters of the business."

In view of the evidence, the assistant attorney-general declared the concern to be "a scheme for obtaining money through the mails by means of false and fraudulent pretenses, representations and promises," and recommended that a fraud order be issued against the Mrs. Cora B. Miller Company. The order was issued.—*Jour. A. M. A.*

More Misbranded Nostrums.*

THE FOOD AND DRUGS ACT CONTINUES TO MAKE LYING ON THE LABEL UNPROFITABLE.

When the Food and Drugs Act was passed in 1906, many makers of sophisticated foodstuffs, as well as nostrum manufacturers, took the attitude that the law was more or less a joke. They lookt on it as merely the outward and visible sign of the fruits of the campaign that had been carried on in lay and medical publications against "patent medicines" and food adulteration. As such, these same manufacturers imagined that it would be but a few short months before the easily-forgetting public would cease to be interested in the subject and the law would lapse into a state of innocuous desuetude. In the latter prophecy they have shown their powers of divination to be poor. Thanks to a virile and fearless official at the head of the Bureau of Chemistry, aided by a wide-awake medical profession, and supported by many of the better class of lay publications, the "Pure Food Law" is an ever-present reality. What has been accomplisht may be realized when it is known that in over 260 prosecutions the government has secured convictions in all but three cases. The majority of these violations of the law have been by food manufacturers rather than by nostrum makers, but a number of them have been by the latter. The following are the latest convictions of nostrum makers, with the facts as given in the government's official "Notices of Judgment":

"DR. PARKER'S UNIVERSAL HEADACHE CURE."

This product was marketed by the W. R. Plank Drug Company, Fond du Lac, Wis., and was found to contain:

Acetanilid
Sodium bicarbonate
Caffein
Gummy material

The presence of acetanilid in the preparation was not stated on the label, tho there was a reference to phenylacetamid, a synonym for acetanilid not recognized by the Food and Drugs Act for labeling purposes. The product was deemed misbranded and a fine of $25 imposed.

"O. K. HEADACHE CURE."

This nostrum was manufactured by the Houston Drug Company, Houston, Texas, and was labeled as follows: "Cures Any Kind of Headache; Perfectly Harmless."

A sample of the nostrum having been seized by the Federal authorities, was analyzed and found to contain:

Acetanilid
Alcohol

Inasmuch as acetanilid is not a sure cure for headache, is not "perfectly harmless," and as, further, the law requires the presence of both acetanilid and alcohol to be

*These abstracts, based on the "Notices of Judgment" issued by the government, together with all others that have appeared in *The Journal*, have been reprinted in pamphlet form (illustrated); price, 4 cents.

Digitized by Google

stated on the label—which was not done—the product was declared misbranded. A fine of $50 was the result.

"HUTHWELKER'S HEADACHE TABLETS."

Adam C. Huthwelker, of Baltimore, puts out this preparation, which was claimed to be "A Positiv Cure for Every Form of Headache and Neuralgia," and was further represented as being "harmless." Analyzed in the Bureau of Chemistry it was found to contain acetanilid. As the label failed to contain a statement of the quantity or proportion of the drug and as, in any case, acetanilid is neither "harmless" nor a "positiv cure," the tablets were declared misbranded and Huthwelker was fined $10.

"PRESTON'S HED-AKE."

The label attached to the container in which this drug came, and which was sold by the Parker-Blake Company, Ltd., New Orleans, bore such statements as these:

"Perfectly harmless."
"Will prevent headache."
"It cures while you wait."
"A remedy for any kind of headache."

It was analyzed by the government chemists and, according to their reports, was found to be another of the acetanilid headache "cures." In view of the false and misleading statements quoted above the preparation was declared misbranded and the defendant, who pleaded guilty, was fined $10.

"U-RE-KA HEADACHE POWDERS."

Still another acetanilid mixture was found to be misbranded; this was the "U-re-ka Headache Powders" manufactured at Perlitch's Prescription Pharmacy, Brooklyn. The cause for action in the case lay in the fact that the proportion and quantity of acetanilid present was not stated.

"MOTHER'S FRIEND"

This widely advertised fake is put out by the Bradfield Regulator Company, Atlanta, Ga. Some of the claims made for it were:

"Shortens the duration of labor."
"Will assist in the safe and quick delivery."
"Prescribed by many of our best physicians."
"Causes an unusually easy and quick delivery."
"For relief of the suffering incident to child-birth."

Samples taken from the consignment seized were analyzed by the Bureau of Chemistry of the United States Department of Agriculture and found to consist of:

Oil Soap (small quantity)

The United States judge naturally declared the stuff misbranded.

"MAKE-MAN TABLETS."

This nostrum, the product of the Make-Man Tablet Company, Chicago, was sold under the following claims:

"Contains no poison."
"A brain, blood and nerve food."
"Make-man tablets make blood."
"Sold under an absolute guaranty to restore lost vitality."

The government seized 360 packages of this product and on analyzing a specimen the "Make-Man Tablets" were found to consist essentially of:

Strychnin	Arsenic
Aloes	Potassium sulfate
Iron carbonate	Iron oxid

Strychnin and arsenic being poisons and many of the therapeutic claims made for the tablets being false, the court declared the nostrum misbranded.

ACETON.

Horace N. Wheeler, Mystic, Conn., doing business under the name of the "Aceton Medical Company," puts out Aceton. This preparation, he claimed, was a sure cure and an infallible remedy for influenza, a preventiv of pneumonia and a sure cure for headache and neuralgia. On analysis Aceton was found to contain:

Acetanilid Caffein Sodium bicarbonate

This misbranding resulted in Mr. Wheeler being fined $75.

"DR. JONES' BEAVER AND OIL COMPOUND."

This nostrum, manufactured by Morris Spiegel, Albany, N. Y., was sold "for the treatment of rheumatism, neuralgia, sore throat and quinsy, headache, toothache, backache, bruises, sprains" and numerous other conditions. Tho beaver and oil compound was "warranted as represented," there was found no beaver oil, nor, in fact, any animal oil, but essentially:

Gasoline
Oleoresin of capsicum
Oil of sassafras

The product was declared misbranded.

"SURE THING TONIC."

"Sure Thing Tonic" was sold by Furst Brothers, of Cincinnati, and, according to the government analysis, contained alcohol, sugar and water and was flavored with juniper. Some of the claims made for it were:

"Renews Vital Force."
"The Wonder Stimulant."
"Restores Nerve Energy."
"Invigorator and Exhilarant."
"Distilled by Modern Methods evolved from half a century of practical experience."
"Should be taken by every person, male or female, whether in need or not of a Tonic of its kind."

As the quantity or proportion of alcohol in the preparation was not given on the label, as the "booze" was not a "distilled product," as claimed, and, further, as sweetened alcohol and water, flavored with juniper, will neither "restore nerve energy" nor "renew vital force," the product was deemed misbranded. The defendants, pleading guilty, were fined $10 and costs.

"PILSBURY'S COKE EXTRACT."

This product, which was manufactured by A. L. Pilsbury, Jr., New Orleans, La., was found on analysis to contain among other ingredients, cocain. As the label failed to contain a statement of the quantity or proportion of the drug, as required by the Food and Drugs Act, the preparation was declared misbranded and the manufacturer fined.

"CAFE-COCA COMPOUND."

This was a syrup manufactured by C. C. and F. H. Bowden, Athens, Ga., under the name of the Athens Bottling Works. On analysis it was found to contain cocain, and not being labeled to that effect, was declared misbranded and a fine imposed.

"LAMBERT'S WINE OF COCA."

The full name of this product was "Lambert's Wine of Coca with Peptonate Iron and Extract of Cod-Liver Oil," and according to the label it contained 22 per cent. alcohol, together with "morrhuin, butylamin, iodin, bromin and phosforus." It was manufactured by the Lambert Pharmacal and Chemical Co., Detroit. On analysis it was found to contain cocain, the presence of which was not given on the label, and it was further found to be free from iodin and bromin, said on the label to be present. Two shipments were seized and misbranding was proved in each case and two fines of $10 each imposed.

"KOCA NOLA."

This was a syrup for flavoring soda water and similar "soft drinks" put up by a company of the same name at Atlanta, Ga. This "Delicious Dopeless Koca Nola"—as the label had it—was found to contain cocain. Cocain being deleterious to health, was declared an adulteration under the act, so that the Koca Nola Company was found guilty on two points: (1) Failing to declare the presence of cocain, and (2) adulteration. The government made two seizures, and the company was found guilty in each case and a fine of $25 on each count was imposed, making the total $100.

"RADAM'S MICROBE KILLER."

This hoary fake, which seems to have been revived lately, was shown up by Mr. Adams in the "Great American Fraud," and was at that time said to consist of:

Hydrochloric acid
Sulfuric acid
Red wine

According to the government report the nostrum was represented as a cure for cancer, consumption, diabetes, diphtheria, yellow fever, paralysis, and numerous other conditions. From recent advertising circulars obtained for *The Journal* files we find this fake recommended—in separate leaflets—as "The Sure and Safe Remedy for Men's Diseases" and also as "The Greatest Boon for Womanhood." Directions are given in the former pamphlet for the cure, by means of this stuff, of "gonorrhea," "gleet," "stricture" and "syphilis," while in the latter the cure of "leucorrhea," "falling of the womb," and numerous other "female complaints" are dealt with.

Twelve cases of the "microbe killer" were seized by the government and notice was served on Dean, Swift & Co., Washington, D. C., in whose possession this nostrum was found. No claimant having appeared to make answer to the charges, the court decreed that the twelve cases of "Radam's Microbe Killer" should be destroyed and that Dean, Swift & Co. should pay all the costs of the proceedings.—*Jour. A. M. A.*

Digitized by Google

Druggists Must Pay Booze Tax on These Alcohol Remedies.

U. S. CLASSIFIES MANY BITTERS AND BRACERS AS LIQUORS.

WASHINGTON, July 17, 1910.

The sweeping order of the treasury department prohibiting drug stores from selling a long list of so-called medical preparations, except after payment of the full tax upon alcoholic beverages, applies chiefly to preparations sold as bitters.

Many of these preparations are sold extensivly in "dry" territory. The order is based upon an investigation, from which it has been decided that the preparations affected are alcoholic beverages, whatever medical properties they may contain in addition.

The pure food and drugs act is not in any sense involved in the action of the department. The department has merely decided that the preparations are taxable as alcoholic beverages, and will collect the tax. This is the list thus far prepared by the internal revenue bureau:

Ale and beef.
Allen's restorativ tonic.
American alimentary elixir.
American elixir.
American stomach bitters.
Amer Picon.
Angostura aromatic tincture bitters.
Arbaugh's Newport bitters.
Aroma bitters.
Aromatic bitters.
Aromatic stomach bitters.
Aroma stomach bitters.
Atwood's la grippe specific.
Augauer bitters.
Augauer kidney-aid.
Augustiner health and stomach bitters.
Beef, wine, and iron.
Berg's hawkeye bitters.
Belvedere stomach bitters.
Bismark laxativ bitters.
Bismark's royal nerve tonic.
Bitters.
Blackberry.
Blackberry cordial.
Blackberry and ginger cordial.
Black tonic.
Bonekamp stomach bitters.
Bonekamp bitters.
Botanic bitters.
Bradenberg's colocynthis.
Brod's celery pepsin bitters.
Brown's utryme tonic.
Brown's aromatic cordial bitters.
Brown's vin nerva tonic.
Buckeye bitters.
Carpathian bitters.
Celery bitters and angustora.
Clarke's rock candy cordial.
Clayton & Russell's stomach bitters.
Clifford's cherry cure.
Clifford's peruvian elixir.
Cinchona bitters.
Crescent star Jamaica ginger.
Coca wine.
Colombo elixir.
Columbo peptic bitters.
Cooper's nerve tonic.
Colassaya.
Crescent tonic bitters.
Dandelion bitters.
Dandy bracer.
DeWitt's stomach bitters.
Dr. Brown's blackberry cordial.
Dr. Bouvier's buchu gin.
Dr. Brown's tonic bitters.
Dr. Bergelt's magen bitters.
Dr. Fowler's meat and malt.
Dr. Gray's tonic bitters.
Dr. Hobson's three-star peruvian tonic compound.
Dr. Hortenbach stomach bitters.
Dr. Hopkins' union stomach bitters.
Dr. Hoffman's golden bitters.
Dr. Rattinger's bitters.
Dr. Sterki's Ohio bitters.
Dr. Sherman's peruvian tonic and systematizer.
Dr. Worme's gesundheit bitters.
Dozier's apple bitters.
Dubonnet wine.
Dubonnet.
Duero's alimentary elixir.
Duffy's malt whisky.
Elixir of bitter wine.
Elixir calisaya.
Elixir calisaya bark.
Eucalyptus cordial.
Eureka stomach bitters.
E. Z. laxativ bitters.
Famous wiener bitters.
Fernet-Carlisi Fernet bitters.
Ferro-China bascal.
Ferro-China berna.
Ferro-China bissleri.
Ferro-China carlisi tonic bitters.
Ferro-China-citro bitters.
Ferro-China di carlo
Ferro-China ideal.
Ferro-China salus.
Ferro-China ricca.
Ferro-China trionfo.
Ferro-China universale.
Ferro quina bitters.
Fine old bitter wine.
F. Miller & Co.'s stomach bitters.
Folger's aromatic bitters.
Gastrophan.
Gentian bitters.
Genuine bohemian malted bitter wine tonic.
Germania herb, root, and fruit tonic bitters.
German stomach bitters.
Gilbert's rejuvenating iron and herb juice.
Ginger tonic.
Ginseng cordial.
Glycerin tonic (elixir pepsin).
Graham's brand orange bitters.
Green's chill tonic.
Greiner's blackberry cordial.
Harrison's quinine tonic.
Health bitters.
Herb bitters.
Herbton.
Heublein's calisaya bitters.
Hindu tonic.
Hop bitters.
Indian stomach bitters.
I X L bitters.
Jack pot laxativ bitter tonic.
Jaffe's intrinsic tonic.
Jerome's dandelion stomach bitters.
Johnston's cherry elixir.
Jones stomach bitters.
June-Kola.
Juniper kidney cure.
Karle's German stomach bitters.
Karlsbader stomach bitters.
Katarno.
K. K. K.
Koehler's stomach bitters.
Kahn's iron and malt whisky.
Ko-ca-ama.
Kola and celery bitters.
Kola wine.
Kreuzberger's stomach bitters.
Krummel's bonekamp maag bitters.
Kudros.
Laxa bark tonic.
Lee's celebrated stomach bitters.
Lemon ginger.
Liverine.
Lutz stomach bitters.
Magador bitters.
Magen bitters.
Mark's famous stomach bitters.
McCorrison's compound of golden seal.
Meta Multa.
Mikado wine tonic.
Milburn's kola and celery bitters.
Miller brand bitters.
Miod honey wine.
Neuropin.
Newton's nutritiv elixir.
Novak's stomach elixir.
Obermuller's bitters.
O'Hare's bitters.
Old Dr. Scroggin's bitters.
Old Dr. Jacques' stomach bitters.
Orange bitters.
Our ginger brandy.
Ozark stomach bitters.
Pale orange bitters.
Panama bitters.
Pepsin stomach bitters.
Peptonic stomach bitters.
Perrigo's 25c. bitters.
Peychaud's bitter wine cordial.
Pilsener bitter wine.
Pioneer ginger bitters.
Pond's ginger brandy.
Pond's rock and rye.
Quinquina Dubonnet.
Rheinstrom's stomach bitters.
Riley's kidney cure.
Rimsovo malto-sovo vino chino.
Rockandy cough cure.
Royal pepsin tonic.
St. Rafael quinquina.
Scheetz bitter cordial.
Simon's aromatic stomach bitters.

Digitized by Google

Sirena tonic.
Smart weed.
Smith's bitters.
Smith's vitalizing bitters.
Steinkonig's stomach bitters.
Stomach bitters.
Stoughton's bitters.
Strauss exhilarator.
Sure thing tonic.
Tatra.
Tolu rock and rye.
True's magnetic cordial.
U-go.
Uncle Josh's dyspepsia cure.
Underberg boonekamp maag bitters.
Vin de Michael.
Vin Mariani.
Vino-Kolafra.
Warner's stomach bitters.
Webb's A No. 1 tonic.
Westphalia stomach bitters.
White Cross bitters.
White's dyspepsia remedy.
William's kidney relief.
Woodbury brand bitters.
Zeman's medicinal bitter wine.
Zien stomach bitters.
Zig zag.

These preparations are not admitted to the advertising columns of *The North American.—Phila. North American.*

BOOK REVIEWS.

THE PATHOLOGY OF THE LIVING AND OTHER ESSAYS. By B. G. A. Moynihan, M. S. (London), F. R. C. S., Honorary Surgeon to Leeds General Infirmary; Professor of Clinical Surgery at the University of Leeds, England. 12mo. of 260 pages. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $2 net.

The rather novel title is attractiv, and the argument more so. The assertion is made that there is a universal tendency not to co-ordinate and compare the observations of the surgeon on the living body with the pathologist's findings, but to permit the latter to force the former from recognition. We have forgotten that the evidence obtained from the living always outweighs the evidence obtained from the dead. The plea is made for less devotion to terminal events, and more deep study of the very earliest disturbances of health. Other essays are: Inaugural Symptoms; Gastro-enterostomy and After; Cancer of the Stomach; Surgery of the Common Bile Duct; Obstructiv Jaundice; Violation of Courvoisier's Law; Mimicry of Malignant Disease in the Large Intestin, and Surgical Treatment of Cancer. This series of essays is placed in book form at the request of those who have read them in periodicals. The very nature of the collection makes it impossible to give it a critical review, but it is certainly entertaining and instructiv reading for any medical man.—A. L. R.

THE RELIGIO-MEDICAL MASQUERADE. A Complete Exposure of Christian Science. By Frederick W. Peabody, LL.B., of the Boston Bar. Publisht by the Hancock Press, Boston, Mass., Box 2789, 1910. Price, $1.

Contains 197 pages. Every physician ought to have data at hand with which to refute the claims of converts to this cult, and this inexpensiv work furnishes the ideal ammunition. The author has lookt up the records of Mrs. Eddy and has tabulated the financial results of the scheme. He proves that it was not original with her, and that the ill-gotten gains have been stupendous. Her personal history is gone into as relates the treatment she accorded her only child, to her great discredit, showing his absolute abandonment and that she permitted him to grow up absolutely illiterate and ignorant. The extreme cruelty to which converts will go in dealing with their suffering children is illustrated by a number of cases. The sacrilege and impiety of attributing the authorship of her book to God is well illustrated by extracts from the book, such as: "The daily ablutions of an infant are no more natural or necessary than would be the process of taking a fish out of water every day and covering it with dirt, in order to make it thrive more vigorously thereafter in its nativ element." No person whose reasoning faculties have not been totally obliterated by fanaticism could tolerate the nonsense and blasphemy of the extracts he quotes. It is something of a parody to read such a work written by a lawyer, but he has done his work well.—A. L. R.

THE PRACTITIONER'S CASE BOOK.—For Recording and Preserving Clinical Histories. Prepared and Arranged by the Editorial Staff of the Interstate Medical Journal. Imperial octavo; 286 pages; full cloth binding. Printed on bond writing paper. With 80 colored anatomical charts (detachable), showing outlines of body and skeleton in light red and the viscera in pale blue. Index for listing patients both by name and case number. St. Louis: Interstate Medical Journal Company, 1910. Price, postpaid, $2.

This is the best case record book that we have seen. It fills a definit and yawning "want." The use of this book will make a better doctor of any practician not accustomed to keeping full notes of every case; and those who have that commendable habit will find that this book will be a great aid to them. The general divisions are: History, Subjectiv Symptoms, Laboratory Findings, Physical Examination, etc., with spaces under each division for the most complete analysis and report of a case.

A TEXT-BOOK ON THE THERAPEUTIC ACTION OF LIGHT, including the Rho Rays; Solar and Violet Rays; Electric Arc Light; and the Light Cabinet. By Corydon E. Rogers, M.D., formerly Demonstrator of Anatomy in the University of New York City. With original illustrations. Publisht by the author at 382 Second Avenue, New York City, N. Y. Price, $3.50.

Contains 318 pages and an index. Thruout the book honesty is evident; he wants to help the practician in practical healing of the sick. He freely confesses the limitations of the light treatment, but also records surprising successes. Actual cases are reported, and actual technic explained in detail. Only two chapters are devoted to waves, vibrations and rays, and to the lamp; all others are on treatment. The following maladies are taken up seriatim: Skin Diseases; Tuberculosis (which he asserts is curable by light, in the early stages); Diseases of the Chest (he claims pneumonia can be aborted by light); Diseases of Nose and Throat; Rheumatism, Venereal Diseases; Nerve Diseases; Diseases of the Eye; Diseases of Women; Acute Infectious Diseases; Chronic Appendicitis; Non-Infectious Diseases of the Glands; Diseases of Unknown Origin; Diseases of the Middle Ear; Diseases of the Bladder and Kidneys; and the Rho Rays in Surgery; each of the preceding titles being heads of chapters. The author has discovered the Rho rays and deems them capable of great things in future. He is modest, honest, a competent teacher, and an interesting writer; consequently he has given us a book on light which is out of the ordinary and is correspondingly helpful to the general practician in his daily battle with disease. We have not seen a better work for everyday use by those seeking to make what little knowledge on light they have gleaned do yeoman work for them in the way of curing their patients. —A. L. R.

Digitized by Google

HYGIENE AND MORALITY. A Manual for Nurses and Others, Giving an Outline of the Medical, Social, and Legal Aspects of the Venereal Diseases. By Lavinia L. Dock, Graduate of the Bellevue Hospital Training School; Resident Member of the Henry Street Nurses' Settlement; Secretary of the International Council of Nurses; etc. Publisht by G. P. Putnam's Sons, 27-29 W. 23d St., New York, N. Y., 1910. Price, $1.25.

Contains 193 pages and an index. It is divided into three sections, as follows: "The Venereal Diseases," "Prostitution," and "The Prevention of Venereal Disease." The book is intended for nurses, but the effort is also made to enlist all women in the crusade against these diseases and the White Slave Traffic. She is very moderate in her statistics, generally quoting much lower figures than are commonly accepted by the medical profession as conservativ and accurate. Doubtless the revelations here made will be sufficiently startling to horrify most women who read them, but graduate nurses are generally fairly well posted on such matters. There are six appendices, dealing with attempts to introduce regulation into the United States, with examples of the kind of legislation women are interested in and work for, statistics of rape, protection of widowed mothers by a plan of industrial insurance, minimum wage boards, the attitude of the liquor traffic toward women suffrage. Nurses who must make their own living do not have much time to become reformers; yet if this book were widely advertised to all classes of women, a wide reading could not fail to enlist many in the ranks of those who would work for improved conditions.—A. L. R.

TOBACCO AND ITS DELETERIOUS EFFECTS. By Charles Elihu Slocum, M.D., Ph.D., LL.D., publisht by the Slocum Publishing Co., Toledo, Ohio. Price $1.

Contains 70 pages, divided into 10 chapters. It strives, too vigorously, to attack even the moderate use of tobacco. If the language and assertions had been more temperate, they would have been more effectiv. A continual effort is made to strengthen the argument by linking the use of tobacco with that of alcohol, whereas, alcohol does not enter the question in so far as this book is concerned. Such expressions as: "Alcoholic and tobacco inebriety are the worst kind of slavery" are neither truthful, grammatical, nor logical; inebriety meaning drunkenness in every dictionary. Such language will furnish hysterical vaporings for shallow reformers to rave over, but it will never convert thinking, rational men. Many quotations are given from medical literature, citing the actual effects of tobacco in its various injurious actions, and the argument would have been much stronger if it had been allowed to stand on such citations. As it stands, the book will do well to place in the hands of those who have not acquired the habit of tobacco using, nor the ability to reason rationally and logically, and on such it cannot but make a powerful impression.—A. L. R.

POST-MORTEM MANUAL. A Handbook of Morbid Anatomy and Post-Mortem Technic. By Charles R. Box, M.D., B.S., B.Sc. Lond., F.R.C.P. Lond., F.R.C.S., Eng. Physician to out-patients, St. Thomas Hospital, and Assistant Physician to the London Fever Hospital, Lecturer on Applied Anatomy and Demonstrator of Morbid Anatomy, St. Thomas Hospital. Sold by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $2.40 net.

Contains 316 pages, with an index. It is a plain and terse guide to students in post-mortem work, and for physicians called upon to perform autopsies. The methods advised have proven satisfactory to the author thru a long and rich experience. Matters which may present special difficulties are gone into in detail. The naked eye appearances of disease are summarized at the end of articles treating of the removal of organs. It does not take up microscopical work, but gives notes indicating when such further examination may be desirable. A convenient and plain guide for those without experience in this line of work. Three pages are devoted to embalming, and a little more than three to the restitution and toilet of the body following the autopsy. The book is of convenient size for pocket or small hand case.—A. L. R.

A LABORATORY TEXT-BOOK OF EMBRYOLOGY. By Charles Sedgwick Minot, LL.D. (Yale and Toronto), D.Sc. (Oxford); James Stillman Professor of Comparativ Anatomy in the Harvard Medical School; President of the Boston Society of Natural History. Second edition, revised, with 262 illustrations, chiefly original. Publisht by P. Blakiston's Sons & Co., Philadelphia, Pa., 1910. Price, $3.50.

Contains 391 pages and an index. Devised for the student taking a laboratory course in embryology, but could not be better adapted to the practician wishing to review his work of years gone by or to brush up for some state board. The author has a faculty of directing the reader to look for something more than what the text tells him, and leads him to draw correct conclusions from his own observations. The man who follows this text and this method thru the book, with or without laboratory facilities at hand, will have a reason for the faith that is in him. So much new matter has been incorporated, and so much old matter rearranged, that the book in the present form is practically a new one. We have never seen one better devised for the purposes intended. The text is lucid and the illustrations are models of teaching power and illustrativ art. It does not aim to be comprehensiv nor cyclopedic, but it gives all the embryology any doctor needs to practise medicin intelligently, and gives it in assimilable form.—A. L. R.

VACCINE THERAPY; ITS THEORY AND PRACTISE. By R. W. Allen, M.D., B.S., (Lond.), late Clinical Pathologist to the Mount Vernon Hospital for Diseases of the Chest; late Pathologist to the Royal Eye Hospital; late Gull Student of Pathology, Guy's Hospital. Third edition. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa., 1910. Price, $2.

Contains 271 pages and an index. The author has brought the work abreast of the latest knowledge, and aids the practician practically by the inclusion of illustrativ cases handled in the last five years, so that the knowledge gained may be intelligently applied to such cases as may require therapeutic immunization. He describes opsonins, and tells their nature and source. The method of determination of the opsonic content of the blood is described. The value of the opsonic index in health and disease is appreciated, and its value as a guide in vaccine therapy is declared. Infections by the staphylococcus, streptococcus, acne bacillus, pneumococcus, gonococcus, as well as the colon, typhoid, and dysentery groups of bacilli are considered. Infections by the bacillus tuberculosis group are handled in an instructiv manner. Vaccine therapy in eye diseases has a chapter, and immunization against plague and cholera is given due space. It permits the practician to post himself on the latest advances in vaccine therapy, even tho deprived of witnessing any actual chinical work.—A. L. R.

Doctor, how do you like our new department, "The Medical Month," introduced for the first time last month, page 410, and appearing on page 447 this month?

Digitized by Google

OUR MONTHLY TALK.

I don't see how I can add to what I have already said concerning the congressional campaign this year. The people are now progressiv in politics by a very large majority; and this in spite of old party affiliations that used to hold voters like a chain fastened to the trunk of a tree. These chains are rapidly being broken, and a free citizenship is asserting itself.

I have been advising you to vote either for a progressiv democrat or an insurgent republican for Congress—no difference which. But *Collier's Weekly* says, other things being equal, give the preference to the insurgent republican, because it greatly facilitates public business to have both houses of Congress and the presidency controlled by the same political party. I guess there is something in that, but let us not forget that democrats in both houses of Congress aided the progressiv measures of Roosevelt and Taft quite as much, and in many instances more, than the republicans in Congress. Republicans should recognize this fact; and Roosevelt should have done so, but he did not; but instead, treated the democrats in Congress contemptuously.

And don't let us forget that there are two kinds of democrats (in Congress as well as out), just like there are now two distinct kinds of republicans. But there are only two sets of principles—one favorable to the interests of the masses of the people, and the other favorable to the interests of corporations, trusts, and the protected and privileged classes generally—classes against masses. Both parties used to represent the classes, chiefly, because the classes and their tools were able to manipulate both machines. Then the populist party arose, and challenged both of the old parties in the interest of the people, and threatened to prevail. But when, in 1896, the democratic party captured the populist principles, or the populist principles captured the democratic party, whichever way you wish to put it, the populist party as such had to retire from the field in favor of its more powerful ally and co-worker, the democratic party. Then the plutocrats formerly in the democratic party joined the republicans, and in the most corrupt campaign ever known, defeated the masses of the people. Many honest republicans aided in this defeat. And these are the republicans who are now the insurgents—a little tardy in coming around, but no less welcome, now that the past is past; and we want to meet the future unitedly and effectually.

If the plutocrats, with their tools and dupes, are successfully driven out of the republican party, they will want to return to the democratic party and control it as of yore; for they are too cowardly to flock by themselves, as we should compel them to do. A few plutocrats and tools of plutocrats have remained in the democratic party, watching their chance, and if the privileged classes are driven from the republican party by the insurgents, this remnant will welcome them into the democratic party, which they will hope to make the plutocratic party, tho retaining the democratic name. This is what we must look out for. Of course, you understand that the above is said in regard to National politics only.

State Politics.

The situation in the various states is even more mixt. For illustration, I will frankly say as follows: If I were a voter in New York this year, I would vote the republican state ticket. In New Jersey I would vote the democratic state ticket. In Pennsylvania I expect to vote the Keystone state ticket. In Ohio I would not wish to vote either the republican nor the democratic state ticket, and would probably vote with the socialists or the prohibitionists. In Indiana, where a governor is not to be elected, but where the choice is between Kern and Beveridge for U. S. Senator, I would like to vote for both; and it is a pity that both of them cannot go to the Senate.

President Taft believes in party government. I don't. I am tired of seeing this country governed by parties—I am tired of voting for parties. I long to see the time when we will vote for men, only in reference to their ability and integrity, and vote separately for the principles to be carried out by the men selected, as they do in Switzerland. And this is the movement that I am chiefly interested in. It is the most important movement since the formation of our constitution. It will eventually so change our constitution as to make it elastic and adaptable to our current needs. The National organ of this movement is a little quarterly called *Equity*, which I edit and publish. It is only 50 cents per year. I have hoped that it would find many readers and supporters in the medical profession, especially among the readers of THE MEDICAL WORLD; but doctors are a narrow and selfish lot. The only reason why they subscribe and pay for THE MEDICAL WORLD is because it helps them to make a living—and many would get it without paying for it if they could. I don't mean you; I mean the other fellow, and he thinks I mean you. Where is the guilty one? There are plenty of them—and I know the medical profession of this country as well as any one. And there are plenty of sterling characters in the medical profession, too—God's kind, from scalp to toes—plenty of them. But even they are not long on patriotism, if I may judge by my efforts to get them to take *Equity*. A couple of years ago I offered it to WORLD readers for 10 cents for the first year, but not many orders came. I can't do that now, on account of the Post Office restrictions. Twenty-five cents is the lowest I can make it. If I tell you that it costs me from $500 to $700 per year to run it, besides much time and hard work, will you send 10 cents for the October number? If you are disappointed after reading it, charge it up to me, and I will pay for your time. But let me tell you this: Our methods of government can be vastly improved—I say our *methods*. We have good men—plenty of them; but our methods make them bad men. *Equity* is devoted to improved *methods* of government.

A party victory is only temporary. However good the party and the man, the victory lasts only till the next election, when it has to be all fought over again. Improved methods are permanent.

A Bible Question.

WYOMING, KY., October 4, 1910.

The Medical World, Philadelphia, Pa.;

DEAR DR. TAYLOR:—Inclosed please find $3 for MEDICAL WORLD. Sorry I should have put you to some extra expense by not sending sooner, but I have been hesitating as to whether to continue my subscription or have it to

stop. But as one brother has exprest it, I think "I have as much sense as my horse," so I will continue my subscription. We who claim to be of "the sect which is everywhere spoken against" should surely be as tolerant as he whose belief is in doubt.

If you care to give us any more of your ideas of religion, let us have one passage of Scripture you believe is given by inspiration, and why? You have told us a great deal of what you did not believe; please let us have a little of what you do believe.

Doctor, you have the best and most practical medical journal I have ever read; and I hope and pray that you may yet study your Bible until your eyes shall be opened and you can see the practical side of religion, as well as you do that of medicin. With best wishes, I am, fraternally yours, W. S. REEVES.

Brother Reeves, I intended the little touch last month to be the last from myself or any one else on religion in these columns, for the subject has stretcht far, far beyond my original intentions. But your question is so reasonable, so easy, and perhaps so important that I hope the rest of the brethren will bear this little more, which I hope will be a final wind up. You want me to mention "one passage" of scripture that I believe to have been inspired, and why. But I don't suppose you want me to confine myself necessarily to a single passage, so I will be far more generous than that in my reply. I would place the Lord's prayer and the beatitudes, and in fact all of the sermon on the mount (as reported in the first Gospel), at the head of the list. Closely following I would place a large part of the fourth Gospel—the one which is considered by scholars so unreliable historically as to not be considered a historical document, but which is far more spiritual than the other three. And very near the top, also, I would place a large portion of Paul's letters. Indeed, it is thought by scholars, if it had not been for Paul and his teachings, it is very doubtful if the Christian religion would have ever become dominant. He was by far the deepest and ablest of the advocates of the new religion. He intended his letters for the specific and timely needs of certain churches. He did not know that he was building for all the long centuries between his time and ours. I believe that these portions of the Christian scriptures were inspired because they are deeply spiritual —inspiration: in*spirit*ation.

This is a brief, off-hand reply. The same remarks apply also to many other portions of the Christian scriptures. And, Brother Reeves, I think I love these scriptures as well as you do. But to make my reply better balanced (to make it *complete* would require a volume), I will say that I do not believe that the final book of the Christian scriptures as we now have them was inspired—because there is no *spirit* in it. I do not believe that God ever desired to speak to man in riddles, puzzles and conundrums. He spoke thru Jesus in the simplest and most direct way possible. The time lost and the insanity caused by the false valuation placed upon the final book of the Christian scriptures amount to a calamity. The strong opposition to this book in the early centuries came near preventing it from being included in the canon, and it would have been very fortunate for the world if it had not been included. That this book was written by the same hand that wrote the fourth Gospel is inconceivable; tho many who do not think profess to so believe.

Shall we turn our attention a moment to the Hebrew scriptures? If so, I will say that I do not think that the awkward history and the bad science in its early parts were inspired, for the reason given above. But most persons will say, "the psalms were certainly inspired." Yes, considering the time in which they appeared. They were the spiritual expressions of the Hebrew people at that time. Their god was a war god; and the psalms are, as a rule, war songs, composed in a characteristic grandiloquent style. But in spirituality they are not to be compared with our hymnology of the present day. Our "Nearer, my God, to Thee" contains more spirituality than the entire book of psalms. And this is not strange. We are, and should be, more spiritual than people who lived thousands of years ago. I could write all night about our hymnology, it is such an interesting subject; and I love our hymns so. The trouble is, they are not properly appreciated. They are inspired, if anything was ever inspired. You see, Brother Reeves, I do not believe that God is dead. I believe that He lives now as much as He ever did, and He is as near mankind now as He ever was. I believe that He has always inspired man, and He always will. The hymns chosen for worship usually contain rich evidence of this inspiration. Whenever I go into a strange church I always look into the hymnal, and there I always find inspiration. And how I love the Sunday school songs, both old and new. True, many of them contain traces of creeds and dogmatism, but that doesn't bother me. I can see the beautiful and elevating *spirit* in them. Even that much criticised hymn,

> Oh to be nothing, nothing;
> Only to lie at His feet;
> A broken and empty vessel,
> For the Master's use made meet:

I love it. It is highly spiritual. It is perhaps the most perfect depiction of humility in all literature—and doctors often have occasion to feel humble—for example, in the presence of impending death, when we are powerless.

But I am making this too long; and I want to say something nicer than I have said about the Hebrew scriptures, for much good can be said of them. Perhaps they reach their highest in the Isaiahs. I say the Isaiahs because it is now well known that more than one writer produced this book. There is a definit break at the end of the thirty-ninth chapter, if I remember correctly, and when I studied the subject some years ago it was agreed that there were two Isaiahs; but a year or two ago I askt a prominent Hebrew scholar and he said that there are now half a dozen, at least. Any way, this book is one of the best parts of the Hebrew scriptures; and it is noble, grand and good. Inspired? I suppose so.

Brother Reeves, you see you have askt a large question, after all; and my reply, tho longer than it should be here, is painfully brief. In these religious discussions during the past year or two I have given to others their "say" much more freely than I have had my own say. So I feel free to say to all—myself included—that as there should be an end to all things, so there should be to these religious discussions in a medical journal. But I must first mention the fact that many able papers have come which were a great credit to their writers, but it was impossible for me to publish them.

OAK DALE, MO., October 3, 1910.

DEAR DR. TAYLOR:—Permit me to congratulate you on your views on politics, religion, and methods of editing a medical magazine; as an educator, and your views on statesmanship, political economy, and progressiv thought on religion, etc., I class you a peer of any man, living or dead, Mr. Bryan not excepted. WM. W. OWEN.

THE MEDICAL WORLD

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

Entered at the Philadelphia Post-Office as Second-Class Matter.

SUBSCRIPTION RATES: To any part of the United States or Mexico, ONE DOLLAR AND FIFTY CENTS per year; but if paid in advance, a *discount* of fifty cents will be made; or FOUR YEARS for THREE DOLLARS *in advance;* to Canada ONE DOLLAR AND TWENTY-FIVE CENTS per year, or FOUR YEARS for FOUR DOLLARS *in advance;* to England and the British Colonies, FIVE SHILLINGS SIX PENCE per year; to other foreign countries in the Postal Union, the equivalent of 5s. 6d. Postage free. Single copies, TEN CENTS. These rates are due in advance.

HOW TO REMIT: For their own protection we advise that our patrons remit in a safe way, such as by postal money order, express order, check, draft, or registered mail. Currency sent by ordinary mail usually reaches its destination safely, but money so sent must be at the risk of the sender.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Notify us promptly of any change of address, mentioning both old and new addresses.

If you want your subscription stopt at expiration of the time paid for, kindly notify us, as in the absence of such notice we will understand that it is the subscriber's pleasure that the subscription be continued and we will act accordingly.

Pay no money to agents unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"

1520 Chestnut Street Philadelphia, Pa.

VOL. XXVIII DECEMBER, 1910 No. 12

What is the Professional Situation in Your Community?

A brother writes at great length about the formation of a medical society in his town, including the practicians of his town and vicinity, at a meeting of which the scale of fees was raised on account of the increast cost of living, and the new scale was publisht in the local papers, and all members agreed to abide thereby. The Doctor was secretary of the meeting, and the oldest practician in the place. He faithfully lived up to the new scale, but in time he began to lose families whose practise he had done for fifteen or twenty years. Finally he learned the reason: He told his patients that the others were charging the new rates, but he was shown receipted bills showing that others were charging even less than before. He had another meeting of the society called, but only two others beside himself responded. He had other meetings called with like or worse results. He asks what he should do. The first meeting above mentioned was in June, 1907, and the society meets only on call, the intervals being long and irregular.

Our advice would be the immediate resuscitation of the society into activ life, with regular and frequent meetings, preferably at the homes of the members, social features being made prominent. Every doctor in town and surrounding country should be induced to read the Mannington, W. Va., plan, fully set forth in October WORLD, pages 411 to 415. This would pave the way for a start.

But the actual start, in a town where there are jealousies, gossip, etc., is more or less embarrassing. Determined resolution must be made to rise above all this. Now as to the start. There are several ways. A good way would be for the brother who wrote us so fully of the situation, and who asks for suggestions, to ask the local doctors to dine with him at his home on a fixt date, upon which occasion the host and hostess could be specially charming, and the conversation could easily be turned to the Mannington plan. If that is too big an undertaking, try one, or two, or three at a time, until you have gotten around, including the wives in the latter cases, if not in the big dinner first suggested. Then follow by inviting all to a meeting in the evening at your house, at which time the formation of an association on the Mannington plan could doubtless easily be formed. The meetings should be *regular* and *frequent*, and largely social in their character, preferably at the homes of the members, and should preferably include the wives, tho the men should gather in a room separate from the ladies during part of each evening meeting, for the transaction of necessary business, and possibly for a scientific session.

Now what would be the net result of this program:

Digitized by Google

1. Every member would naturally want to present his best side—put his best foot forward. To get a man to want to present himself to the best advantage is a good thing for himself, and for all who come in contact with him. It raises him—and in an association of that kind all are raised.

2. Every member will find that the others are not such a bad lot after all. They will "improve on acquaintance." As a rule, the better we know our friends and business and professional associates, the better we like them.

3. The bond of friendship and mutual esteem begotten by frequent association, particularly in one another's homes, is a stronger bond than a formal and cold business bond. A bond of mutual interest fostered in this way is likely to hold.

4. Compare the enjoyment and satisfaction in such relations with your co-workers (no longer competitors), with the relations usually maintained among the doctors of a town or small city. Compare the social and esthetic development among the families of the town doctors by the plan above suggested, with the entire lack of these usually existing.

You don't have to have all the doctors in the community at the start. Two or three can make a beginning. Others will be glad to join, until you have all that are desirable—and it is to be hoped that all legal practicians would be desirable. The idea is to have all. But the hearty co-operation of only two doctors is better than no co-operation at all; and three are better than two; and so on. So don't wait till you can get all before you make a start. Start with your nearest neighbor, and hold out your hand to the rest, and you will see how rapidly a bad situation improves.

These suggestions are purposely made broad, so that they can apply to the profession of any town, any place. The inquiring brother writes from one of the Canadian provinces. But the above principles apply everywhere—human nature is the same all over the world.

Care of the Nipples Before and After Confinement.

None of the complications of the lying-in chamber give more pain to the new mother than "sore nipples"; and none are more trying to the doctor, for the treatment is notoriously unsatisfactory. Many mothers, made heartsick by the intense agony of nursing, absolutely refuse to continue it, and place the babe on artificial food, regardless and ignorant of the trouble for themselves and the danger to their infant which always follows the establishment of artificial feeding. Those who persist, despite the pain, frequently suffer untold agonies, and are often disfigured by the loss of the nipples thru sluffing. The primipara does not know what is before her, and should be instructed how to care for her nipples from the seventh month of pregnancy until after her baby is born. Few doctors make a routine practise of doing this, and the result of the neglect is the infliction of unnecessary pain. Where a careful doctor has instructed the pregnant woman how to care for her nipples, it is exceedingly rare for there to be more than slight tenderness, which is easily borne, and such a doctor earns the deep gratitude of the patient who has suffered after previous confinements with sore nipples, or who has seen other women suffer with them. The sore nipples are enuf to impel every doctor to take this slight trouble with every woman who engages him to attend her; and every physician knows that sore and ulcerated nipples provide an avenue of infection for mammary abscess, with all the misery and permanent deformity which it entails.

The best application to toughen the nipples previous to confinement is the glycerite of tannin. This is readily made extemporaneously, in any physician's office, by heating glycerin and stirring in tannic acid till the mixture has the consistency of thick syrup. It is better prepared in a tin box, as it is difficult to mix properly in a bottle. It can be prepared in a mortar or other vessel, but it is not desirable to make any more cleaning up to do than is necessary, and by mixing it right in the box in which it is dispenst, all trouble is avoided, as the glycerin may be heated right in the box. This is applied, by rubbing in thoroly, pulling and kneading gently at the nipple, for ten minutes night and morning, for two months previous to confinement. When this preparation is so used, there will rarely be any but the slightest complaint of tenderness when the baby nurses.

Even when no such preparation has been made previous to confinement, no better application can be made to nipples *after they have become sore*. It is much superior to alcoholic lotions, silver nitrate, tincture

Digitized by Google

benzoin combinations, etc. When the nipples have been uncared for prior to confinement, it is well to have a solution of boric acid on the dressing table, and as soon as the child has been removed from the breast, thoroly wash off the nipples with this solution; then apply the glycerite of tannin and allow it to remain till just previous to allowing the babe to nurse at next feeding time, when it is washt off with the boric acid solution. The mother, usually, can perform these offices for herself, if there is no nurse in attendance.

Acute Anterior Poliomyelitis: Symptoms and Treatment.

Formerly a somewhat rare disease, within the past decade it has become common thruout the world, and the past three years have developt widespread epidemics thruout the United States. Practicians coming in contact with it for the first time, who are fortunate enuf to be able to make a diagnosis from the recollections of their lecture years, are immediately astonisht in consulting their text-books to find that the symptoms there detailed are not in accordance with those noted in actual cases. Unquestionably a new symptomatology will have to be developt. Either we have a new disease in this pandemic confronting us, or the symptomatology has been altered thru a wide dissemination of the infectiv agent. Indeed the name itself is not strictly applicable. It has been suggested that it be called *epidemic paralysis*, and our vote would be with this nomenclature. "Infantil paralysis" is absurd, since it is not confined to infants, nor even to very young children. No text-book, to our knowledge, has any complete description of the symptomatology of this disease as it appears in this country to-day. We must be a little charitable when making criticism in this regard, however, since it is not to be expected that any description could be written which would be a competent guide to a practician who would attempt to parallel the symptoms of a "typical case," for "typical cases" of this disease are not noted in actual practise any more than "typical cases" of scarlet fever are seen.

The best classification of symptoms which we have seen is that formulated by Wickmann, who makes eight classes, or subdivisions. Quite possibly one or more of these may, in time, be eliminated by transferring them to meningitis. It is not yet time to attempt extreme refinement in diagnosis, for we know too little of the general etiology, pathology, and symptomatology to so presume; but we are giving his classification in hope that it may prove an aid in diagnosis to those who are puzzled over a case.

1. Spinal poliomyelitic type.
2. Ascending or descending paralysis type (Landry's paralysis).
3. Bulbar, or pontine type (Medin; Oppenheim).
4. Ataxic type.
5. Polyneuritic type.
6. Cerebral type (encephalitic).
7. Meningeal type.
8. Abortiv type.

The symptomatology inducing the name selected for each can be studied under the classical names in any text-book, as "meningitis," "ataxia," "polyneuritis," etc. Dr. H. M. McClanahan, of Omaha, has groupt the types in a manner which may simplify matters somewhat, eliminating the use of the second, fourth, and fifth groups suggested by Wickmann.

The symptoms of the first type may vary from extreme mildness to the extreme of virulence; from mere restlessness to profound convulsions and a speedy death. The very mild types doubtless often recover without any diagnosis having been made; quite likely often without a physician having been called; yet from this type may spread an infection of the utmost fatality. Probably every case presents some fever, from slight elevation of temperature to 105°, generally highest on second day of attack. There may or may not be vomiting, and either constipation or diarrhea may be present. The sign of Kernig, modified, and more markt in one leg than the other; with an increast spinal rigidity on flexing the body forward with the legs extended on the bed, will generally be noted. Kernig's sign is elicited when the patient sits upright in bed with legs extended, and contractions of knee or hip joint are noted. Knee reflexes are generally slightly exaggerated and unequal. A flaccid paralysis of arm or leg appears from the first to the seventh day of the attack, when it has been of sufficient severity. Probably over half of all cases will conform more or less closely to this group of symptoms.

The bulbar type naturally gives a group of symptoms widely varying with the individual and severity of attack. Pallor of skin, shallow breathing, anxious counte-

Digitized by Google

nance, disturbed heart action with cyanosis of lip and finger tip, stupor, etc., in addition to the paralysis and the general symptoms noted in the first group.

The symptoms of the meningeal type include the general symptoms of the first type, with complaint of pain, neck rigidity, often unconsciousness, and rather high fever, with paralysis.

The polyneuritic type includes, with the general symptoms, hyperesthesia, extreme pain, and early development of paralysis.

The abortiv type is probably an example of a very mild infection, and naturally has none of the severer symptoms and possibly but few symptoms of any kind beyond what might be included under "slight indisposition." Recovery in a few days is the rule. This type, too, may soon be eliminated by greater exactitude in diagnosis.

Until we know more of the disease, it is presumptuous to attempt outlining any set rules for treatment. In a general way, with our present knowledge, one may safely say that prompt and thoro elimination thru the bowels is of highest importance. Calomel, castor oil, or salts are the drugs meeting most favor. Ice caps to the head are logical, and seem to be warranted in every case, thru the amelioration of the symptoms and a quieting effect noted on the restlessness. Severe pain calls for opiates. Warm baths are quieting. Many practicians are using counter-irritation along the spine with tincture of iodin or mustard plasters. Artificial warmth, where the arms or legs are cool, should always be employed. Diuretics and urinary antiseptics are employed by many, with good reasoning, since the elimination of the toxins at as early a time as possible is important.

Business Talk to Doctors.

Do you make it a rule to fix up your account books every day? If not, you ought to. It is a good rule to enter a charge as soon as the service is rendered. But that is not always convenient—sometimes not possible. Then at the close of the day, or certainly before retiring (but sometimes you do not get a chance to retire for the night!), you should think up every service that you may have been unable to record during the day, and enter it. If you wait till two or three days, many items will be forgotten, hence, lost. And in some states an account must be entered within twenty-four hours to stand in court. I have known physicians who, every night, however tired they might be, always recorded the activities of the day. That is the reason that I askt you, a moment ago, if you observe such a rule. Many a time it requires strong resolution to do this, in the weariness after the day's battle with disease. That's the way I feel while approaching this Talk to-night. But sometimes weary hearts know one another better than when they are rested and fresh. So let us proceed.

Thanksgiving day is coming—that harvest home day—a sort of grown folk's Christmas. It is one of my favorit holidays of the year. It is not a day for the cynic, nor the whining faultfinder. It is a day for sincere thankfulness for the past and present, and of buoyant hope for the future. Think of the potatoes, cabbage, nice red apples, etc., in the cellar, and the wood in the wood-shed or the coal in the bin. Look deeply into the eyes of those whom you love and who love you and see if you can't find something worth living for—much to be thankful for. But Thanksgiving day will be past before these lines meet your eyes.

Yes, but Christmas is coming—that season when our part of the earth again begins to lean toward the life-giving sun, and thus is the turning point toward another season of fruitfulness and harvest. True, the winter is not over then, but after that turning point the days grow in length till the spring and the summer come. During ages B. C. the pagans rejoiced at this season, and the Christians wisely adopted it as their rejoicing time. It is the season when all the world tries to be happy—should be happy. Perhaps the custom of giving gifts on that day arose from the fact that the best way to be happy is to make others happy. But there is a better way than that. A true adage is, "be just before being generous." No one can be truly happy unless he is "square with the world." No one with debts hanging over his head *should* be happy. It is a duty that every one owes to himself to remove such obstacles to happiness. The one who pays a debt makes both himself and the recipient happy. Perhaps it is for these reasons that Christmas has been made the grand settling day of the year in some sections of the country. The best preparation for Christmas happiness is to square up all accounts; and every one should devote himself to this task from now till Christmas.

This is the way you should approach your

Digitized by Google

patrons—that is, with such sentiments as above. It will make you richer, and it will make you and them happier. The best way to do it is by letter. See the series of letters for this purpose in Business Talk in WORLD for last December. Only those who *do* this will get the reward. Those who only sit and think about it will make no headway. You deserve a happy Christmas. Your patrons will help you to make it if you will only show them how; and they will be happier too. The letters just referred to will show you how to do it.

In this department we always assume that you are the right kind of a doctor; that you keep abreast with the times; that you are "safe" without being fogyish; that you can see medical truth and apply it, whether it is in your "school" or not; that you have provided yourself reasonably well with the implements with which to practise your profession in a modern manner. If these assumptions are not correct, you should make them good without delay. The way to make money and prosper in your profession is to render valuable service. Such service is usually recognized and appreciated. This is the kind of service that can be turned into money.

Now we will assume that you have rendered the service, and have gotten the money. Then what? Let some schemer come along and get it from you? Too many doctors have done that, and some are so foolish as to persist in doing it.

The schemer comes in so many different garbs and forms. Just when you begin to think you know him, he comes in another form and catches you unsuspecting. When he found you "up to snuff" on mines, he came with plantations; grape lands; lands for tropical fruits; eucalyptus groves; etc., etc. He drew a marvelously beautiful picture, and askt you to buy his lands at about 500 to 1,000 per cent. profit, you to take all the risk. Some of you "bit." Then he came to you with new companies of various kinds, with tales of immense profits. "Sure thing." The *World's Work* for October, page 13482, says that 117 new life insurance companies have been formed in this country since 1906. It says:

> Dozens of companies have been organized for no other purpose than to afford the promoters a chance to make large profits. Others are simply organizations designed and run to pay large salaries to light-fingered gentlemen who are afraid to use a blackjack on the highways and have discovered a gentler and safer method of separating the public from its money.

These companies give policyholders and doctors an "opportunity" to subscribe for the stock of the company at from 200 to 300 per cent. of its par value; and such stock can usually be bought in the market at from 20 to 25 per cent. of its par value! To quote further:

> There is, perhaps, no other feature of this wholesale outbreak of the life insurance pest more deplorable than the systematic "planting" of the stocks of new companies with the insuring public. The methods used are ingenious beyond description. They rank with the most skillful of the financial frauds perpetrated by the promoters of wireless telegraf and telefone companies within the last four or five years.

Read this question and answer from the October *Review of Reviews:*

> No. 247.—You printed last month (No. 244) a lot of figures which implied that the stocks of new life insurance companies have not averaged high as investments. As a woman not much experienced financially, I hesitate to question your judgment; yet an agent has almost persuaded me to put some of my limited means into such stock. Have not such concerns always made enormous profits?—*Widow.*
>
> Quite the opposit. It may take five to ten years after organization for a life insurance company to know whether it is going to succeed or not. So let us examin the "stock" companies organized previous to 1900. The complete figures, running as far back as 1835, have recently been printed. They show that out of 157 such companies, no less than 124 either retired from business, were reinsured in other companies, or failed. Looking down the list, about every second or third one shows a "loss to policyholders" averaging into the millions of dollars. Your agent's circulars attempt to confuse "stock" with "mutual" companies. Of the latter only one has failed since 1759—and its downfall was the result of an attempt to take over a stock company! There are plenty of "stock" companies which have survived and are among the best to insure in; but their stock is not for sale.

Among the insurance propositions offered to the profession is a certain one in New York City—a fire insurance company. They want 95 physicians to subscribe for $40,000 worth of stock—not stock directly in the fire insurance company but for membership in the "Fortune Colony." This is operated from New York City, under this name, and the "Protectiv Holding Corporation," which is operated by the vice-president from Syracuse, N. Y., seems to be the same concern under a different name. What they are really exploiting is a new fire insurance company, but not as such, evidently so as not to come under the New York fire insurance laws. All this looks bad. They are working for $40,000 from

Digitized by Google

95 doctors, and an equal amount from 95 retail druggists, and I suppose they are working every other profession and class in the same way. The 95 limitation is catchy—it gives them something to write a nice, impressiv letter about; but who supposes that they will refuse a doctor's money if he should be the 96th on the list? Returns here in this office indicate that they have been "gunning" in a number of states for their 95. I hope that no WORLD reader has applied for a place in the ranks of the 95. If you know any one who has, please ask him to keep you posted from time to time, and let us know. However, if he thinks he has a good thing, he will be very free to tell you about it; but if it turns out to be an entire loss, a swindle, he is very likely to keep "mum." He will be ashamed to confess that he has been taken in. This tendency in human nature is a valuable protection to frauds and swindles—and this is unfortunate.

❦ ❦ ❦

An Idaho brother writes:

Would like to ask about the Northwest Townsite Co., of 308 Chestnut St., Philadelphia. Their plan is, investment in ten new cities on the Chicago, Milwaukee & Puget Sound R. R., in So. Dak., Mont., and Idaho. Is their investment safe? Is it sound? Have any other members of the family invested in this?

I also ask what percentage of hot springs pay. I have an opportunity to obtain a good hot spring on a main line railroad. It has a reputation for hot baths for relief of rheumatism. I would ask how others similarly located pan out financially? Can you refer me to any books devoted entirely to hot springs? I had a folder of medical books and among them was such book advertised, but I have misplaced same.

I have profited much by your Business Talks as well as the other parts of THE WORLD, and think you will find my subscription a continuous one.

Don't know anything about the town site company; but my constant advice to physicians is *don't speculate*—or rather, don't *try* to speculate. It usually means loss to doctors.

A hot springs proposition is always a complicated one. Success depends on so many factors. Some men will succeed where others would fail. As it would require several pages to discuss such a complicated proposition, I will have to ask to be excused. I cannot refer you to a book on hot springs, but I think Dr. Russell will answer a similar question in the Quiz Department of this issue.

National B. & L. Associations.

DEAR DR. TAYLOR:—Very many country doctors have reason to address you in terms of affection, therefore the above. I am just reading the Nov. WORLD, and am greatly interested, among many other items, in your discussion of building and loan associations. Please emphasize the distinction between the local and so-called national associations. In this particular section of New York state, we have had ample experience with the national building and loan associations, and the outcome has been disastrous to the investors. Personally, by securing an entrance, with difficulty, into the elegantly appointed headquarters, located in a tall office building on lower Broadway, of my particular national building and loan association, I secured a part of the money due me; but others were not as fortunate.

Local building and loan associations, in a growing community, are all right; but the nationals belong to the "get-rich-quick" concerns.

Amenia, N. Y., Nov. 7, '10. L. E. ROCKWELL.

Building associations in Pennsylvania came under the State Banking Department in 1895. I have received the last report of this Department (a large book), but have not yet had time to examin its contents. I still feel entirely safe in recommending that physicians invest in these concerns when *local*, and after due inquiry into the record of, and the kind of men in control of, any particular association.

❦ ❦ ❦

A drinking fountain company offers "a two years' guarantee of 8 per cent. on your investment." Here is another careless use of the word "guarantee"—who will guarantee the guarantors? But are you satisfied with such a guarantee? even if solidly backt up. Eight per cent. for two years would be 16 per cent. of the money that you would put in. How about the rest of it? Look carefully to the safety of the principal *first*.

Next comes an invitation to invest in "a chain of Collateral Banks thruout the United States," with an estimate of 36 per cent. net annually. But here is the give-away: "The shares in this Syndicate will not be offered to the millionaires, but the Syndicate will be made up of small investors who are looking for safe investments and large dividends." Wherever you see such expressions as that, look out.

The man who wants the small investor's money to run the above chain of banks is voucht for by five of the officers of a turpentine company which also wants to sell stock, promising large dividends. Perhaps there is some connection between the future "chain of banks" and this company—maybe the latter will get all the money it wants from the "chain of banks," after somebody puts money into them.

There are always land and lot specula-

Digitized by Google

tion propositions. Without specifying them individually, I will repeat that you should never buy land except in your own vicinity, or in a place well-known to you. And never buy lots in some distant place as a speculation. Lots sold to non-residents, and boomed as a speculation opportunity, are almost invariably a "sell" to the buyer, in more ways than one. Long distance land and lot investments usually result disastrously, particularly the "boom" kind that you get enthusiastically written letters and circulars about. The following appears in the *Appeal to Reason* for Nov. 12th:

THE LAND SWINDLE.

The land shark has been particularly busy during the past few years, taking advantage of the natural panic on the part of the people to get land, in order to fleece the workers out of their savings. Workers were induced to buy, sometimes on credit, land they had never seen, and that was practically given to some company in days past, and find they were completely taken in. So bad is the situation that the American consul at Tampico, Mexico, after stating that many American families who invested there are now in destitute circumstances, issued the following warning:

Many persons influenced by the glowing descriptions of the real estate companies invested all their savings in a few acres of land they had never seen. Others brought their families with them, and had only sufficient money to make the first payment on a few acres. Numbers of such families have become destitute, because of being without means to clear their lands and support themselves until they could produce something.

The American people should be cautioned not to invest hastily, and not to invest at all in lands without making a trip of personal investigation.

The fellows who got concessions from Diaz have been unloading on the poor of America. The railroads that were given millions of acres of land by the government, have been using the land shark to enable them to cash out at fabulous prices. The working cattle are meant, according to capitalist understanding of things, only to be workt, and they are workt to a frazzle. Then the plutes laugh at their distress.

A brother who is evidently a nativ of Texas, some time ago sent a protest against what he considered a reflection upon the fair state of Texas; and he is very anxious to get the following before you, tho late:

EDITOR MEDICAL WORLD:—Will you kindly permit me to ask, thru your columns, Dr. (name forgotten), of Westfield, Texas, to explain what particular part of his state his letter in THE MEDICAL WORLD has reference to? Every state in the Union has good and bad lands; the state I know best, Iowa, where I have quite a little property myself, contains some worthless parts. Now, everybody can see for themselves how the farmers and truck growers in the Gulf coast section are getting along; as reliable a publication as *The Saturday Evening Post* contained recently some very interesting articles on this subject. Personally, I am best acquainted with conditions in Wharton County, between Palacios and El Campo, about 70 miles west of Galveston. A colony of Danish farmers bought a considerable portion of land in this locality ten years ago at $9 an acre; it did not take much capital to pay for their holdings, so there was no nightmare in the shape of foreclosure proceedings to dread; and now, just go and look at their homes, their beautiful $3,000 church, built because they felt that God had been good to them; look at their stock, at the amount of milk shipt out, and do not expect that anybody would believe a sweeping statement reducing the whole state in general to being "no good." The P. O. is Danevang, easily reached from El Campo on the S. P. or Blessing on the Brownsville R. R. Considerable incomes, it appears, can be derived from the cultivation of figs in this section; but of course to the sensible Danish farmers this is only a side issue; stock raising and cotton cultivation is their main stay. They have their own steam gin, feed the seed to their stock, and employ Mexican pickers. My advice to the man with $100 is to invest it in a small piece of good land where you know all about it. You will not repent it.

L. SLAMBERG, A. A. Surg. U. S. Marine Hosp. Serv.
Eastport, Idaho.

New companies of all kinds are constantly being started up, and it is surprising how many of them try to get their starting money from the medical profession—and then if they fail, the doctor "holds the bag." For example, a projected chain of popular priced restaurants; a chain of 5 and 10-cent stores; etc., etc., too numerous to mention. When a gold mine or copper mine proposition won't catch the dollars, then these newer schemes are tried. These schemers don't like to see the doctor *keep* his savings. Don't think by the above remarks that the mine schemer has retired from the field. There are plenty of them yet, but more of other kinds than there used to be. So you still have to look out.

Here is a suggestiv letter:

DR. C. F. TAYLOR; DEAR DOCTOR:—I am one of your old members of the WORLD family. Inclosed please find several new propositions. In the December WORLD tell us something about them if you can. Are they good? I will tell you that I have invested in mines, oil and land far from home and have lost. I like your Business Talks, and want to thank you for your suggestions concerning investments. I am now making my investments good, paying me 6, 8 and 9 per cent. You will ask what is it? *Real estate* in my own city.

A. G. KRUM.
Erie, Pa.

The propositions inclosed do not differ from those which we have been discussing. I do not feel that it is necessary to specify concerning the numerous mining propositions submitted from various sources. A WORLD reader who will pay any attention to flamboyant mining literature is beyond redemption. The fortune hunting doctor is usually a poor doctor, both in purse and professional success.

Now let us turn our attention to the festiv season that will soon be with us. The Christmas season turns our minds from money grubbing, and brings out the humanities. It is a season of heart and soul, rather than pocketbook. Let us prepare that it may be so; that is, make the pocketbook right before Christmas comes. Then let us think of this, the prettiest Christmas sentiment that I ever heard or read: "May Christmas peace keep winter from thy heart."

Balsam Peru is a valuable but neglected dressing. Gauze soakt with it will "clean up" "ragged" wounds and stimulate granulation in sluggish lesions.

Digitized by Google

THE MEDICAL MONTH.

Two newly-elected congressmen are Dr. John J. Kindred, of Long Island City, and Dr. Frank E. Wilson, of Brooklyn, N. Y.

Now that yellow fever has been wiped out in Cuba, tuberculosis will form the chief topic for discussion at the 1911 meeting, at Havana, of the American Public Health Association. The exact date will be December 4th to 9th.

At Buffalo, N. Y., on December 1st and 2d, the American Academy of Medicin will hold its usual mid-year meeting. This will be a conference on the sociologic influence of hospitals and dispensaries. The annual sessions will be held in Los Angeles, Cal., June 24th, 25th, and 26th next. At this time the chief topics will be: "To what Extent are Suicides and Other Crimes Against the Person Due to Suggestion from the Press?" and "Should there be Two Degrees in Medicin?"

Medical libraries wishing volumes of *Medical Libraries*, the bi-monthly magazine formerly publisht by Dr. Charles D. Spivak, can obtain these without charge by writing him at the Metropolitan Building, 1421 Court Place, Denver, Colo.

Two hundred thousand dollars have just been given the Northwestern University at Chicago, Ill., by James A. Patten, to found a chair of experimental pathology in its medical school. Pneumonia and tuberculosis will be especially studied.

Dr. John W. Goodsell, of New Kensington, Pa., who so successfully maintained the health of all members of the recent Peary expedition to the North Pole, has just received a commendatory letter from the Peary Arctic Club. Why did the club delay its praise of the Doctor's fine work?

A genuin Sully portrait of David Hosack, the celebrated New York surgeon of by-gone days, has just been presented to the New York Historical Society.

The proposed sanitarium at Mt. McGregor, in the Adirondack Mountains, of the Metropolitan Life Insurance Co., for helping such of its policyholders as shall develop tuberculosis, is a decidedly advanced phase of life-saving.

A million dollars from the sale of the Red Cross seals for the stamping out of tuberculosis is the object of the campaign for this Christmas. Forty million of the seals have already been printed and distributed, the Red Cross and the National Association for the Study and Prevention of Tuberculosis co-operating in handling them.

An extension of the provision of the Food and Drugs Act that prevents lying on the label, so that newspaper advertising of nostrums must also tell the truth, is now under discussion by Government officials. "If it's in our columns, it's true" will then have some meaning, indeed.

The annual meeting of the American Association of Railway Surgeons was held in Chicago, October 19th, 20th, and 21st. That of Surgeons of the Pennsylvania Railroad System met in Pittsburg, October 3d and 4th. The Seaboard Airline Surgeons' Association met in annual session at Birmingham, Ala., October 11th and 12th. The Association of Railroad Surgeons of the Southwest was organized October 28th, during the annual meeting of the International Medical Association of Mexico. The New York and New England Association of Railway Surgeons met at the Hotel Astor, New York, November 3d and 4th, the chief event being the address on surgery by Dr. John B. Deaver, of Philadelphia.

"The Fenger-Senn Memorial Lecture" has been founded as an annual event by the Chicago Medical Society, thus permanently remembering our lakeside capital city's great surgeon and great pathologist. Thus shall we know these honored deceased leaders as "a fragrant memory" for future generations.

Wholesale anti-typhoid vaccination of students at the University of Kansas, now in progress, marks another step forward in serum therapy. What a splendid tribute to regular medicin is shown by this scientific mode of treatment—just as deserved credit was lost by failure of undergraduate schools to teach the various non-drug curativ measures.

Chicago has been showing other large medical teaching centres a simple but practical plan of free post-graduate work, as follows: For the fortnight of November 7th to the 19th the staffs of the various hospitals and schools united in a full series of daily clinics for the benefit of visiting physicians, a full schedule being arranged. Even the social side was not forgotten, and those who benefited by this liberal provision are loud in praise of Chicago's broad-minded men. Now let other cities speedily follow suit.

Dr. von Ehrlich, of Berlin, Dr. Charles W. Stiles and Dr. Claude H. Lavinder of the U. S., P. H. and H. H. service, were the chief speakers at the meeting at El Paso, Texas, on October 27th, 28th and 29th, of the International Medical Society.

"The Question of Exercise" was the subject of the address of the president, Dr. Albert E. Sterne, of Indianapolis, Ind., at the annual meeting in Evansville, November 9th and 10th, of the Ohio Valley Medical Association.

A National Department of Health, as proposed by the Owen Bill, was endorsed at the annual meeting October 3d to 7th, at Pittsburg, of the Medical Society of the State of Pennsylvania and at that of the Medical Association of the Southwest, at Wichita, Kan., October 11th and 12th. Every medical organization in the nation should likewise officially vote approval of the proposed law.

The annual meeting was held in Richmond, Va., November 1st to 4th, of the Association of Military Surgeons of the United States, Dr. Joseph K. Weaver, of Norristown, Pa., presiding. Regular and volunteer surgeons make up its membership.

"The Formation of an Arterial Collateral Circulation in the Kidney" is the title of the essay by Dr. Martins Katzenstein, of Berlin, that was awarded the Alvarenga Prize for 1910 of the College of Physicians of Philadelphia. The next decision on this competition, founded by the late Señor Alvarenga, will be made in May, 1911, and full details can be gotten from the college secretary, Dr. T. H. Neilson, 122 South 17th street, Philadelphia.

Digitized by Google

The Southern Medical Association held its annual meeting in Nashville, Tenn., November 8th, 9th and 10th. A feature of the second day was an excursion to the Hermitage where Dr. John A. Witherspoon spoke on "The Life and Character of Andrew Jackson."

A special telegram to the *Public Ledger* of Philadelphia from Sunbury, Pa., October 6th, states that Christine Bateman, a child, died there that day from infantil paralysis. It is thought she contracted the disease by riding in a second-hand go-cart, recently shipt from Philadelphia, and which had been used by another child there who died of infantil paralysis. Sad as is this individual case, there is shown a hopeful note that the public press at last realizes the full significance of the terms "contagion," "infection" and "disinfection." Physicians must carry on further their campaign of education.

Dr. Hans Chiari, the distinguisht professor of physiologic anatomy in the University of Strasburg, is at present delivering the Herter Foundation course of lectures on pathologic anatomy at Johns Hopkins University. These are open to the medical public.

One step further in the anti-tuberculosis movement is markt by the Camden, N. J., education board that has just decided that those subject to tuberculosis cannot teach in the public schools of that place.

A mean swindle was shown by Dr. Reichmann, at the recent Pure Food Show in Madison Square Garden, New York: More than half of the nursing bottles bought in the open market and tested by him were found to be 26 per cent. below their declared size. Infants would naturally be underfed to just that amount.

Anemic children in New York public schools are henceforth to be taught on open-air verandas. That is a distinct step forward.

Among the great undergraduate medical schools, one of the first to be influenced by the findings of the Carnegie Commission is that of the University of Pennsylvania. Tyson, Duhring, White, Wood and Willard have found that they would not care to drop practise altogether in order to teach and have therefore resigned. Curiosity is rife in Philadelphia's medical circles as to the outcome, while the great dailies of the city devote columns in discussion of this progressiv step in technical education.

That infantil paralysis flourishes in those parts of Pennsylvania which are liberally watered, but have poor drainage, even on high altitude, and that there have been very few cases over gravel formations where perfect drainage of the subsoil obtains, were interesting points brought out in a paper by State Health Commissioner Dixon, read October 14th before the College of Physicians of Philadelphia.

Physicians should guard against the newest trick of the "refracting opticians" in which the latter shrewdly try to obtain doctor's written endorsement of that mercenary ilk. It aims at nothing else than equality with medical practicians, altho entirely minus the professional training. A capital review of this "optometry" question will be found on page 1169 of the *Journal of the American Medical Association*, October 3, 1908.

Dr. James Morrison Bodine, as dean and president of the faculty, has for forty-five years presided over the destinies of the University of Louisville medical department and now, entering his eightieth year, continues to devote his energies to the cause of medical education. His friends and pupils thruout the country have decided to give him a testimonial dinner on the 16th of December, 1910, at Louisville. Those wishing to attend should at once write to the chairman, Dr. I. N. Bloom, Louisville, Ky.

The American Cancer Research Society held its semi-annual meeting in Chicago, October 26th. Reports from about 150 physicians were presented describing cases they had treated and the observations they had made. Many cases of cancer were exhibited. The opinion prevailed that cancer was a constitutional disease as well as local, and that the knife was not the only method of cure. In fact, they declared the knife was only the beginning of the treatment of a case of cancer and that the post-operativ treatment was more important than the surgical. Eczema had been noted to have preceded cancer in 90 per cent. of cases. The value of thuja, sanguinaria and hydrastis was mentioned. Quinin was said to be a painless and efficient escharotic. Attention was called to the great value of formalin as a local application. One speaker stated that he would not use arsenic paste upon his worst enemy—that arsenic caused cancer to spread. Another speaker said he used arsenic paste but prevented toxic results by administering arsenic at the same time internally in the twelfth attenuation. Another maintained that any case of cancer was curable in which a reproduction of the eczema is possible. Cold packs, massage, electricity, light treatment, sun baths were among the means he would employ to reproduce the eczema. It was generally agreed that if as much time was given to the symptomatic treatment of cases of cancer as was given to tuberculosis and other common diseases, results would be much more satisfactory than they are at the present. Another speaker reported experiments with a modified serum treatment and astonishing improvements.

It is thru lack of sanitation that the hookworm spreads as, likewise, typhoid fever, the most loathsome and useless diseases known in medical annals. We are dirtier than the Italian, for, tho the Prussian matches the American in conceit, no nation on earth equals us in filth. Over 35,000 people die annually in this country from typhoid fever, and our filth is responsible for it. This is the substance of a commencement day address recently delivered before the medical department of the Fort Worth University by that eminent authority, Dr. Charles W. Stiles, of the U. S. Public Health and Marine Hospital service.

He has no enemies, you say;
My friend, your boast is poor.
He who hath mingled in the fray
Of duty that the brave endure
Must have made foes.
If he has none,
Small is the work that he has done.
He has hit no fraud upon the hip;
He has shook no cup from perjured lip;
He has never turned the wrong to right;
He has been a coward in the fight.

Digitized by Google

ORIGINAL COMMUNICATIONS

Short articles of practical help to the profession are solicited for this department.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month, for publication in the issue for the next month. We decline responsibility for the safety of unused manuscript. It can usually be returned if request and postage for return are received with manuscript; but we cannot agree to always do so.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*— RUSKIN.**

READ REFLECT COMPARE RECORD

More About Professor Ehrlich's New Remedy for Syphilis.

EDITOR MEDICAL WORLD:—Apropos your editorial article in the November issue, "The Ehrlich-Hata Preparation for Syphilis," I cannot refrain from making a few remarks, altho I have tried to "forget it." I am not a little surprised that you are inclined to deprecate the discovery of this remedy, saying, "If it be true that a man may hereafter acquire syphilis and be cured in twenty-four hours, we are positiv that it will be to the everlasting damage of rectitude and morality." There is a world-wide movement afloat to-day to eliminate fear from the human heart, because it has at best only a negating quality and very often a decidedly vicious effect by paralyzing for life a man's faculties. Therefore an effort is being made to appeal to man's higher and better self by pointing out to him that to the extent he debauches himself he will also render his mind incapable of a full appreciation of all that is pure, beautiful, and ennobling. We recognize the worst harm a man can sustain is the weakening of his better impulses.

Then, too, let us welcome any remedy that with one or two injections will offer a sufficient treatment in lues, and this for reasons of protecting the public health. Our restaurants, hotels, laundries, etc., abound with waiters, etc., who have been insufficiently treated for this affliction, and who therefore constitute a menace to the public health. Certainly no one will go untreated when once it is known that one, two, or three injections will effect a cure.

However, if we must appeal to the instinct of fear, there still remains with us specific urethritis.

There is, however, in your article an error which could not fail to do a great deal of harm, and prejudice many against this remedy. This statement is: "*Blindness has already been noticed as a frequent sequel to its use.*" I have read some fifty articles in the *Berliner Medizinische Wochenschrift, Münchener Medizinische Wochenschrift* and *Deutsche Medizinische Wochenschrift,* but fail to find such a remark. The *Deutsche Medizinische Wochenschrift,* No. 41, October 13th, which is entirely devoted to the discussion of "606," containing no less than thirty-two original papers read at the convention of German scientists and physicians, September 20th last, contains the first authentic communication by Professor Ehrlich himself. Of the 10,000 cases reported to him as treated with 606, "not the least damage to the eyes had been observed," page 1895, first column, first line. Some one must have made an error in the translation or else confused the effects with those of the atoxyl, a remedy originally gotten up by Ehrlich for trypanosome fever, and on account of its good results in this affliction was tried in syphilis by one investigator, but with unsatisfactory results.

Now, with your permission I shall try to put down a few points as brought out at the before-mentioned congress.

The dioxydiamidoarsenobenzol or, for short, arsenabenzol or 606, was first sent to Prof. K. Alt in September, 1909. March 15th the *Münchener Medizinische Wochenschrift* publisht his results with 23 cases of late lues and 27 cases in the first stage. The dose was generally 0.3. in a few cases 0.4, injected once. Without exception the lighter forms of eruption and oral and pharyngeal gummata would disappear in a few days, the coarser eruptions and ulcers would heal in three to four weeks. The Wasserman reaction disappeared in 50 per cent. of the cases. Ehrlich holds that where the Wasserman reaction persists not all the spirocheta have been killed and that the injection should be repeated. If the spirocheta do not disappear from the blood in twenty-four hours the dosage has been insufficient. To be on the safe side it is recommended to give 0.4—0.5 intravenously, to be followed in four to five days by a subcutaneous or intramuscular injection. This course will certainly be necessary where the Wasserman or blood tests are not available.

Professor Iversen, St. Petersburg, who was entrusted with this remedy simultaneously with Professor Alt, reports 6 relapses out of 101 cases in all kinds of

Digitized by Google

stages. These, however, had received a dose less than 0.4. He has obtained splendid results with this remedy in relapsing fever and malaria, especially the tertian.

The most striking results have been achieved in malignant cases which resisted Hg. and K. I. treatment for months. Dr. Wechselman reports a specially severe case. A man 18 contracted syphilis in 1906. He had received every known treatment, but still the destructiv ulcerations could only be checkt, not stopt. On April 2, 1910, he had an ulcer the size of the palm of the hand on the thigh, an extensiv serpiginous ulceration on the scalp, ulceration of the pharynx and one on the penis down to the fascia, etc. In four years the penis had not been closed except for a few days. April 12th one injection 0.26, of 606, resulted in rapid healing. In four weeks the skin on the penis broke down again. Another injection 0.45, of 606, and still a third August 8th, with complete healing. This was the only remedy that had any appreciable influence in this case. It belonged to the incurable cases.

What about the dangers? Twelve deaths have been reported. All of these were severe cases critically ill with either cerebral softening or other grave nerve lesions, who, according to Ehrlich, would have succumbed to the disease. Only one case is an exception to this: a woman with tertiary syphilis of the larynx. The injection was made with an acid solution which caused a pronounced local reaction, i. e., at the site of injection. The person was feeble and death was probably due to shock. Acid solutions have now been discarded, only neutral or slightly alkalin preparations being used. For the present it is also advised not to use the remedy in severe nervous lesions, and when used at all the dose should not exceed 0.4. Another contraindication is disease of the heart and blood vessels.

As regards the permanency of the cure, time only will tell.

606 appears in the form of a yellow powder which is dissolved in steril water with the aid of sodium hydroxid. The details of this will undoubtedly appear when the remedy appears on the market, which will be in the near future. Professor Ehrlich considers that 606 has passed the experimental stage as far as proving its effect upon lues is concerned. There is, however, room for improvement in technique and in the standardizing of the dose.

In the foregoing I have tried to touch upon the salient features as brought out at the meeting of the syphilographers. It is the latest on the subject. I may have gone too far in my efforts at condensing.

Cleveland, Ohio. F. AEBERLI.

[We appreciate this excellent report from original sources. We will be glad if Dr. Aeberli will kindly consider himself a special committee of one to report to us other important subjects, and also a continuation of this one, from his wide reading of foreign medical developments in the original languages. We will always give him room, and we extend in advance the thanks of thousands of American doctors who have neither the facilities nor the linguistic accomplishments to do this for themselves. Dr. Russell wrote the editorial in question (Nov. WORLD, pages 437-8), and we do not think he entirely meant the last sentence of the same, quoted above, which has been questioned also by one or two other subscribers. The danger of blindness from the treatment has been noted in our American journals, but how such reports got there we do not know. We supposed that these were faithful reports from original sources.—ED.]

An Endemic and Its Lessons.

EDITOR MEDICAL WORLD:—A significant story is found in the following:

Special Telegram to The Philadelphia Public Ledger.

HARRISBURG, Nov. 12th.—The State Department of Health has been busily fighting the epidemic at Lime Ridge, Columbia County.

An elderly woman living in the borough of Berwick, some seven miles from Lime Ridge, became ill with typhoid fever. Her son, a dairy farmer, took his mother milk several times a week during her illness, bringing back the cans. It was not long before typhoid develop on the dairyman's farm.

This dairyman was in the habit of exchanging milk with a neighbor, and the typhoid infection found its way into the home of the second dairyman, his wife and two children and also his hired man contracting the disease. Not one of these cases on the two dairy farms was pronounced typhoid fever by the physician who attended them.

The second dairyman took milk and cream from his farm to an ice cream maker in Lime Ridge. Almost every family in this village was a patron of the ice cream man. This little village suddenly experienced a typhoid fever epidemic, 41 cases develop and the people were panic-stricken. State Commissioner Dixon detailed the county medical inspector to render assistance, and sanitary inspectors to locate the source of infection.

Twenty-one patients interviewed by the inspectors had eaten ice cream from the same ice cream parlor. Following this clue the inspectors

Digitized by Google

fitted link to link in the chain of evidence that led to the original source of the epidemic. Widal tests were made by the department laboratory experts from specimens of blood from those persons on both the dairy farms, and evidences of typhoid were obtained. The same was true of a child that had been sick in the family of the ice cream maker himself. The two dairy farmers were at once temporarily stopt from serving milk.

Mrs. M. I. Low started a movement for a temporary hospital. Health Commissioner Dixon detailed in charge the department's chief visiting nurse, Miss Alice O'Halloran, who so successfully managed the work in the Scranton, Nanticoke, and Reading typhoid epidemics. Other nurses were secured thru the relief fund that was started.

The Patriotic Order Sons of America offered their hall for hospital quarters, the Berwick steel plant furnisht twenty-four cots and the necessary supplies were secured by Mrs. Low. Soon twenty-one cases had been removed from their homes to the hospital. From the moment the state inspectors traced the cause of the epidemic and shut off the sources of primary infection, only two cases of secondary origin developt.

Note, first of all, the backwardness of this community as regards compulsory purity of its milk supply. One of the most urgently needed acts of Pennsylvania's largely organized state department of health should be an immediate statewide education of the masses on purity of its sources of potable water and milk. It is especially in the rural sections of all states that such systematized propaganda by state boards is needed because the lack of organization among regular physicians interferes with an influential movement of the kind. Exceptions to this broad statement are found in Missouri, where county medical societies unite with teachers' institutes for this very purpose and, also, wherever county medical societies hold "popular" meetings to train the laity.

An endemic like the above described has its compensations in that the whole section in touch with Lime Ridge and far beyond its borders will remember this object lesson of its physical and other sufferings, and of the prompt cessation of cases just as soon as down-to-date methods were introduced.

The main object of these comments aims at the reporter's charge that local physicians failed to properly diagnose cases on the farms, and here burden of proof is emphatically on the newspaper, its prejudice against the regular physician (who doesn't advertise, of course), being proverbial. The writer of these lines holds that the time has come for our wealthy American Medical Association to systematically furnish free graduate training of family physicians away from cities so that the general public shall be the better protected. The example of progressiv Germany devoting a share of its national educational bureau funds to keep ambulant post-graduate courses constantly in the field comes most forcibly to mind in this connection. Let our great Association once start such a practical plan, and the people in general will soon demand that Congress itself shall finance a nation-wide extension of this beneficent movement. What say the WORLD's readers to further this suggestion? A. B. HIRSH.

1711 Diamond St., Philadelphia.

Help to Secure a National Department of Health.

C. F. TAYLOR, M.D.; DEAR DOCTOR:—Something over a year ago I was solicited to become a member of the "Committee of One Hundred," looking to the securing of a Health Department at Washington, D. C. Looking at it from the standpoint of the matter of the general health of the United States and the general advancement of medical science, it seemed to me good. I became a member. Recently I find that there is a great fear arising lest this movement is one by which the American Medical Association is endeavoring to gain added power to the termination of individual opinions and practises.

As I understand it, you are in the class of the so-called "regulars," but I believe you are a broad-minded man, who can look without prejudice upon the situation, and I should like to have you discuss the merits and demerits of both the movement and the anti-movement.

I presume you are posted on both sides; but am sending, under separate cover, some of the matter that is reaching us out in this locality. Trusting we shall get your opinion thru THE WORLD, I shall watch for it closely.

Yours for breadth and extension,

Boise, Idaho. ROLLIN S. GREGORY.

[You made no mistake by becoming identified with the "Committee of One Hundred." Its aims and motivs are high and unselfish. The American Medical Association is more liberal than it formerly was. The evidences of this are the modification of its code, and the opening of its doors to many practicians who were formerly considered "irregular." The Association has been "doing things" in recent years, and any association that, or individual who, really accomplishes definit purposes is sure to step on somebody's toes, and hence makes

Digitized by Google

enemies. It is popularly thought that the "National League for Medical Freedom," which is so strenuously opposing the American Medical Association and the Committee of One Hundred in their efforts to secure a National Department of Health—it is supposed that this "League" is being financed by the "patent" medicin interests; but I am informed that the financing of this opposition comes from the Christian Scientists.

Every physician should co-operate with the American Medical Association and the Committee of One Hundred in their efforts to secure a National Department of Health. The function of this Department will not be to regulate the practise of medicin, but to promote the health of the people by sanitary measures.—ED.]

Christian Science.

EDITOR MEDICAL WORLD:—On page 422, October WORLD, Dr. F. B. Odom, of Louisiana, is hewing close to the mark when he intimates the true worth of Christian science as it relates to a cure for any *real* sickness. Christian science might be considered as having a place of usefulness in a selected number of cases of hysteria, but they cannot convert us to the belief that typhoid fever, malaria, rheumatism, diabetes, and the many other diseases that the human family is heir to, can be cured by their simple *belief*.

I cannot agree that Christian science runs smooth in high, dry climates; as I am 2,700 feet above sea level, and have been called out of bed at midnight to lend medical aid to persons of said faith. If Christian science proposes to do the work of the regular physician, let us inquire of them for a few sheet anchors. How are they going to do without aconite, belladonna, opium, strychnin, mercury, and many other valuable drugs that physicians are using daily? I trust that Dr. Odom will be successful in his new field of work, and that THE MEDICAL WORLD will ever reach us as of yore.

Evenwood, W. Va. O. W. LADWIG.

THE MEDICAL WORLD; GENTLEMEN:—I have just returned home from an extended vacation into Mexico, California and the Pacific Northwest. It was one of the most enjoyable trips of my life, and I gained some 25 pounds during my two months' stay. I found quite a few readers of THE WORLD in the West, and took occasion to borrow the current issue from a brother medico. Enjoyed it very much. I do not want to miss a single issue of THE WORLD, and trust that this letter reaches you in due time. You may enter my subscription for four years, check for $3 inclosed. I have always been a friend of THE WORLD and await its coming each month with a great deal of interest. With best wishes to you and the family (and especially our friend Dr. Taylor), and trusting that the coming years may be happy and prosperous, believe me to be, fraternally yours, A. L. SCOTT, M.D.
Montgomery, Ala.

Restoration of Skin After Burns.

EDITOR MEDICAL WORLD:—In medical practise we all have our own methods and our several experiences.

Having seen several articles on skin grafting and burns, in THE WORLD, I will give to its readers my practise, experience and the results in treating burns. A few years ago, when skin grafting was beginning to attract attention, the post-graduate colleges were giving to the students instruction in the technic of skin grafting, some insisting on the small bits of integument put over the raw surface, and others favoring the thin slices of the cuticle being spread over larger areas of surface. The latter seemed to me to succeed the best. The main thing was to get a healthy and freely granulating surface for the application of the grafts. The deeper cuttings of true skin made a rough and uneven surface, the other a smooth and even skin sooner than the deeper skin graftings. I have never practised either, for the reason that, in the first place, it is not always easy to secure the person who is willing to sacrifice his cuticle; secondly, I have succeeded in quite as good a measure, and fully as quickly, and without scar, by my own method. My practise is, I think, original, as I have never seen it described nor advocated. For me it has given most satisfactory results, and these are what we are after. I will give two or three of the many cases I have had, and the treatment, which is simple.

A married lady, mother of a family, at her home in mid-winter in Wisconsin, was preparing her evening meal; and having a large fire in the cook-stove, and the front hearth covered with living, glowing coals, turned around to pick up a small child on the floor. Her skirts came in contact with the coals, the dress took fire, and was in a blaze before she was aware of it. So soon as she noticed the blaze she ran out of doors, clothing blazing up around her body over her head. The husband, who was just emerging from the woods where he had been chopping, saw her, and running toward her, caught her, threw her down in the snow, and soon extinguisht the flames; but not until her clothing was entirely burned off. The back suffered worst, being burned deeply all the way down, entirely destroying the skin and also the deeper tissues in many places. Cleansing the burn carefully, I placed on the surface my favorit dressing, the "cream of bismuth," as I term it, which is simply (or was) ster-

ilized oliv oil and bismuth. I now use purified oil of petroleum. Making the mixture thick as good thick cream, this is spread evenly over the entire surface of the burn, and drest as often as it seems necessary.

The instructions given by THE WORLD Editor to lay it on in narrow strips is good, as the surface of the burn should not be exposed to the air nor in any manner disturbed, not even toucht, only to smoothly paint over the surface to renew the coating of your cream of bismuth. As soon as the granulations reach the surrounding surfaces in height, you will see a very thin film, so thin you will have to observe most carefully or you may not notice it, stretching from the edges of the skin. It is not, as is usually described and taught, an abrupt ridge, but a *very slight film*. It is more like the thin spars of ice you see form over water as it is freezing. If you touch this film at all, you at once produce a scar, marring the healing process. A drop of water will do it, as I have observed, for the water irritates. This fine film extends even inches toward the interior of your burn; and rest assured, if not interfered with, you have a fine new skin thickening and forming the layers as it develops. Only protect it in its integrity and you will have a fine soft new skin, like that of an infant.

Case No. 2 was that of a sheep herdsman, here in California, who was firing some wild mustard where he wished the grass to grow for the herd. Before he became aware of it the blazing grass and mustard had surrounded him. He had only one alternativ: to run for his life thru the high flames. Closing his arms over his face and eyes for protection he made for the burned off ground. When he emerged from the flames he was in full blaze, his clothing gone save around his waist. His sides and back, face and neck, and his hair all burned to a crisp; some places deeper than others; pain excruciating. Here I applied my bismuth cream plus morphin and sodium bicarbonate, covering with layers of cotton (surgeon's). The parts were kept carefully drest with the above-named mixture of bismuth and oil of petroleum. The case did remarkably well until the granulations, being large and looking ugly and soft, counsel was called in. Mind you, at this time one could see the shiny film of a new skin stretched over the humpy granulating surface, which was much higher than the normal surface. The council, two physicians, decided these granulations (once called proud flesh), must be burned off with caustic. I held out, demanding they would in time shrink down and leave a smooth and even surface. The patient said, "Well, doctors, we thank you for your kind advice, but the doctor, *my* doctor, has done so well thus far that I am inclined to leave it to his judgment for the present. This was done. After a few days I placed a light even compress over the spongy uneven granulating surface, and it became firm and even. The doctors were recalled and shown the face. No scar at all; no skin grafting; and the burns were quite as quickly healed as by the grafting method. In fact, is this not what occurs in the skin graft? Do not the grafts act as a protector and provisional covering until the new skin is formed underneath? From the statement that "*any* skin will do; it does not have to be human skin," I feel assured my observation is the correct explanation of the new skin formation.

Years ago, in a hospital in Detroit, Mich., a surgical enthusiast procured a dog and introduced the dog's bone into a refractory resection of the arm; and after the arm had united, supposed he had united the dog's bone to the human. But not long afterwards there was a disturbed place near the union, and on examination the dog's bone was just being pusht to one side. Nature had discarded the dog's bone, but it had produced the irritation necessary to continue the granulating surfaces until they had united. So I think here the frog's skin acts as a helper, but never becomes a part of the natural human skin. "But," you say, "how about the deep, true skin grafts?" I admit they do unite to the flesh and form a skin, but it is rough and takes a long time to make a smooth surface, and then not so good as the thinner grafting protectors do.

Here you have my experience. You may take it for what it is worth. But try it faithfully. Sometimes I have used in the mixture a few drops of carbolic acid, but not as a rule, only in indolent healing.

Glendale, Cal. D. W. HUNT.

Iowa Dispensing Doctors Threatened.

EDITOR MEDICAL WORLD: — Inclosed, please find circular letter sent out by the Iowa State Pharmaceutical Association, which is typical of their antagonism to the medical profession. I own a drug store as a side line, having been compelled to start one up to protect myself, and to give an un-

Digitized by Google

friendly, jealous, sneaking knocker, counter-prescribing druggist the opposition he deserved for trying to force me to write prescriptions for his fifteen to thirty-five-year-old stock, which I found inert or over-concentrated. So was compelled to dispense to hold and increase my practise. Now I have a nice paying drug store besides, and the other man is gone. Am not a member of Iowa State Pharmaceutical Association, but receive some of their "stuff" from time to time. Have some very good friends in the drug business, and they all seem to think the leaders in pharmacy will finally so arrange conditions that M.D.'s dare not dispense. At present dispensing is increasing in Iowa in smaller and middle-sized towns, and perhaps even in cities. IOWA.

[The part of the circular letter of interest here is the following—italics mine:

Your Legislative Committee proposes to ask special attention to the Peddlers' Law, the repeal of the $25 statutory fee for liquor prosecution, *and a bill to cover medical dispensing.*

It seems that sometime in the more or less future doctors who expect to dispense will have to give evidence of at least some pharmaceutic qualifications. Perhaps medical colleges will then meet the issue by supplying a pharmaceutical course specially for dispensing doctors—and then the druggists will get all they want of it. The chances are that they will regret having forced the issue.—ED.]

Enlarged Tonsils.—A File for Clippings.

EDITOR MEDICAL WORLD:—I was very much interested in reading Dr. L. E. Davis' letter in October issue. He asks for suggestions on treatment of enlarged tonsils in children. Having practised in a large city, where such complaints are rife and demand much attention from the practician, I offer the following:

Enlarged tonsils, catarrh of the post-nasal space, rhinitis, enlarged turbinates, and adenoids generally can be traced to repeated colds, lack of ventilation in sleeping rooms, school rooms and living rooms, dampness of the house, lack of sunlight, over-heated or not sufficiently heated rooms, breathing of sewer gas, improper food, insufficient clothing, lack of daily exercise in the open air, and constipation. Now, in order to successfully treat this condition, all of the foregoing necessary adjuncts to health must be carefully inquired into and regulated. Your patient must be set right upon each and every one of them. Adenoids and enlarged turbinates must have their proper treatment. Space will not permit me to dwell upon their treatment in this article. If your patient is too young to gargle, a spray should be used twice a day in the nostrils and throat. In the selection of an atomizer, use care; get one with nozzle small enuf to enter the child's nostril, and with another nozzle long enuf to reach back over the tongue in spraying the throat. There ought to be two bowls to the atomizer, so that two solutions can be used at each treatment. You may use Dobell's solution first as a cleansing spray. Then follow with an oily spray, such as the following:

℞

Oil of eucalyptus	m. x
Menthol	gr. xij
Camphor	gr. xv
Alboline	ʒ ij
Oil of rose	m. vj

M. Sig.—Use in atomizer.

If child is old enuf to gargle, use spray in nostrils twice a day, having it keep mouth open while spraying, and use in connection a gargle. In using the gargle, have it throw head back and say "ah." This opens the palate and allows the fluid to wash tonsils and back part of the throat. I offer the following as a serviceable fluid for gargling, having a pleasant taste and being very efficient:

℞.

Peroxid of hydrogen	ʒ ss
Liq. antiseptic (alkalin)	ʒ j
Glycerin	ʒ v
Alcohol	ʒ vj
Water q. s. ad.	ʒ iv

M. Sig.—Use as a gargle.

This mixture must not be shaken, as it generates gas and will blow cork out of bottle.

These patients are usually anemic. A tonic is indicated. Syrup of hypophosfites and elix. lac. pepsin, equal parts; teaspoonful, t. i. d. Also a teaspoonful of liq. ferri et ammonii acetatis (Basham's Mixture), or syr. ferri et mangani phosfatis, two or three times a day.

A heavy indigestible meal will often bring on an attack of tonsillitis, as also will wet feet, colds, etc. Strict attention to hygiene is necessary. Persist in above treatment and you will be successful in your cases of enlarged tonsils.

The attacks of tonsillitis coming on with fever, headache, sore throat, and aching bones and muscles can well be treated with fractional doses of hydrag. chlor. mitis et sodii bicarb., followed by a saline. The benzoate of soda in 5 to 10-grain doses in elixir, every two or three hours, is indicated.

Digitized by Google

Headache, if severe, can be controlled by a migraine tablet. Nervousness and fever will be benefited by spts. aetheris nitrosi. This can be given with the benzoate. If you have an atomizing outfit in your office, it is well to have patients visit you for treatment as often as they can.

Answering your inquiry as to filing clippings, I would suggest that you file clippings in a regular box letter file, indexed, such as stationery houses sell for 30 or 35 cents.

Union, Mo. GARNETT JONES, M.D.

Report of Case of Criminal Abortion

EDITOR MEDICAL WORLD:—Was called to see Mrs. B., a farmer's wife from central Kansas, at 2 a. m., July 6, 1910. Found the patient a large, well-built woman of about 30 years of age, primipara, suffering intense pain over the region of the left ovary and slight pains over the region of the uterus, but practically none in the region of the right ovary.

There was a slight flow of blood from the uterus, but not of such quantity as to cause shock from loss of blood. Normal temperature, and pulse about 96.

The pains were constant and of an agonizing character, and I immediately gave a hypodermic injection of morphin, one-quarter grain. This did not relieve the patient, so in the course of a half-hour I gave another hypodermic of morphin, one-quarter grain and strychnin 1/60th.

After considerable questioning, the woman admitted that she had had an operation performed for abortion, but would not reveal the name of the "doctor" who was responsible for her condition, nor would she allow me to administer anything to arrest the flow, which I believe would not have been advisable at this time anyway.

When daylight came Dr. S. was called in the case, and continued to the end. In about ten hours a phlebitis had set in, in the left leg, which soon became swollen to about twice the size of the sound leg.

The woman got "no better fast," and at 10 a. m., July 8th, Dr. S. becoming greatly alarmed, called Dr. N. in consultation. By this time the swollen limb had begun to ooze blood thruout its entire length, and a large number of blebs, varying in size from a dime to that of a man's hand, and filled with blood, formed in a number of places on the affected leg.

After a great deal of persuasion, the woman revealed the name of the "doctor" who had performed the abortion. At 11.40 a. m. the woman died in great anguish.

Post-mortem examination revealed an adherent placenta about three inches in diameter, and a small opening thru the left horn of the uterus, with some fluid in the abdomen resembling pus, but found no blood.

This case was an interesting one to me, and I would like to have some experienced brothers discuss it. Did we make a mistake in not performing a curetage? or would it have been advisable under the circumstances? WM. L. RHODES.

Kansas City, Kan.

[The instrument, or "weapon," used, evidently penetrated thru the uterus. The presence of pus in the peritoneal cavity proves that nothing would have saved the patient, unless possibly opening the abdominal cavity and washing out the pus may have done so.—ED.]

Backache and Kidney Complaints.

EDITOR MEDICAL WORLD:—Who has not suffered from backache at one time or another? Backache and headache are among the most common aches to which mankind is subject. The causes of backache are numerous and space would forbid me to even enumerate them all. It is my purpose in this brief article to consider some of the disorders of the kidneys which lead to backache.

We often hear of a torpid or sluggish liver, and the same terms might equally well be applied to certain conditions of the kidneys. Just as a sluggish liver means a swollen or congested state of that organ, so a sluggish kidney refers to congestion. One or both kidneys may be involved. The organ becomes swollen and overloaded with blood. The water passed is dark and scanty in quantity and also highly concentrated. Sometimes it may contain a little blood as well.

One of the characteristic symptoms is a dull, aching pain over the loins. The pain is continuous for some time and has a very depressing effect upon the patient. The back feels weak. What are the causes? These are often dietetic, such as the free use of condiments, tea and coffee, and most harmful of all, alcoholic liquors. Tobacco is believed to exert an irritating effect upon the kidneys as well as on other organs. A chill, due to exposure to cold and wet, is also a prolific cause of congested kidneys; and we must not admit poisonous drugs and stimulating diuretics. Overeating, the use

Digitized by Google

of rich and irritating foods, sedentary habits, and lack of exercise are all factors which must be taken into consideration.

A congested kidney may be secondary to some other disease in the body affecting the heart, lungs, or liver. These conditions, too, produce backache, which often takes the forms of a dull heavy feeling, as if a weight were placed on the back.

Let me explain here that it is impossible to determin the character of the disorder by the pain alone.

To relieve the pain, the treatment is often very simple and can be carried out in the home. First and most important is rest, absolute rest. Drink water freely, either cold, which is best for those who can take it, or hot. Lemonade or lemon-water, too, may be taken freely. Apply hot fomentations to the seat of pain. The cloths should be large and cover the lower half of the back. They must be hot to be effectiv. Three or four can be applied, leaving each for five minutes. Then bathe with tepid or cold water and dry gently. Repeat every three or four hours. In severe cases a hot half-trunk blanket pack will be found very effectiv. This may be continued for ten or fifteen minutes and then the parts should be bathed with cold water and dried. Give a large soap enema, from two to four pints, and keep the bowels open with a saline laxativ. A full hot bath, or a vapor or Turkish bath, should be taken to produce free perspiration. Such, in brief, are a few measures which can be used to advantage in most cases.

Inflammation of the Kidneys.—This is a far more serious condition than mere congestion. Either or both kidneys may be inflamed. The causes are practically the same as those leading to congestion. Indeed, the inflammation may be lookt upon as a very severe congestion, or the congestion as a mild inflammation. The kidney is much swollen, as in congestion, and overfilled with blood, the large quantity of blood doubtlessly accounting for the increast size.

Again, we find a dull pain in the back, which is very severe at times. There is usually a moderate fever as well and the water becomes dark and scanty. The treatment here, too, is complete rest in bed, free water drinking, and a light, simple diet, consisting largely of fruit juices, plain gruels, and dextrinized breads. The bowels must be kept activ, and hot baths, fomentations and hot packs used freely. Hot saline enemas are of markt benefit. Arbutin, one to five grains a day, is very effectiv. Aconitin is always of value, both in congestion and inflammation of the kidneys.

GEORGE F. BUTLER, A.M., M.D.,
Professor and Head of Department of Therapeutics and Professor of Preventiv and Clinical Medicin, Chicago College of Medicin and Surgery (Medical Department of Valparaiso University), etc.
Wilmette, Ill.

Calcium Creosote.

EDITOR MEDICAL WORLD:—I have been for some time intending to have a little say about calcium creosote. I obtained a sample pint somewhere about June or July, 1909; did not have occasion to employ it until September 25, 1909.

A lady living six miles from town sent for me to see her for a very bad cough. I found her in a very deplorable condition; so much so I did not believe she could live a month. Two brothers had died two and three years previously of pulmonary tuberculosis. The stereotyped medication in such cases appeared so utterly useless I did not attempt it. I did, however, give calomel 1 gr. and bicarb. soda 3 grs., mixt and triturated together and divided into eight parts, giving one part dry on tongue every fifteen minutes. I gave her 4 ounces of calcium creosote, with instructions to take two teaspoonfuls in a glass of water every three hours, instructing her to send for the other part of the bottle should the amount I left appear to benefit her. In about a week, to my great astonishment, she came into my office to get the rest of that bottle, declaring she never had anything help her so much in her life. She has taken seven or eight bottles since, comes to town when she pleases, and seems to be entirely cured. The case appeared to be one of the most hopeless I had ever seen, and her recovery is little short of a miracle, and without doubt due to the use of calcium creosote.

Another lady in the city had severe cough, tonsillitis, bronchitis, great difficulty in swallowing, gastric disturbances, constipation, etc. Trophonim, 5 drops on tongue every ten minutes for six doses, quieted the stomach, when I gave one teaspoonful calcium creosote in half a glass of water every three hours; some disturbance at first, but it did not persist. In a few days she could take three teaspoonfuls in full glass of water. This patient had every indication of a pre-tubercular condition. In three weeks every symptom disappeared, tho she still takes it occasionally as a prophylactic.

I have dispenst in the last year over half

Digitized by Google

a hundred bottles of calcium creosote in not less than twenty cases of various and varying conditions, and with benefit to all. My experience with calcium creosote has been more uniformly satisfactory in cases requiring a respiratory stimulus and an antiseptic than any medicament I have ever employed. I cannot account satisfactorily, even to myself, for its highly beneficial effects, but that it is eminently antiseptic and reconstructiv to enfeebled mucous surfaces I am fully convinced.

As a remedy for coughs of almost every variety I find it much more satisfactory than mixtures containing opium in any of its many and various forms.

I have about decided that when called to a case of any kind that the thing to do is to "process" the case with creosote in the form of calcium creosote and go on my way rejoicing, believing it to be more nearly a "king's cure-all" than anything known.

Erin, Tenn. R. H. BAYLOR, M.D.

Chromium Sulfate.

EDITOR MEDICAL WORLD:—When any new drug is brought before the medical profession for its favor, extravagant and oft-times incongruous claims are frequently made for it. As an instance of the latter, I would cite you to the new drug, chromium sulfate, which has been very energetically exploited as an aphrodisiac, and almost as a specific for prostatic hypertrophy. It can be seen very readily that there is a markt physiological incompatibility in these two actions, for any drug which acts as an aphrodisiac will cause a determination of blood to the generativ organs, and this influx is highly inimical to the reduction of a hypertrophied prostate.

Laying aside the more extended use of the chromium salt and contrasting its value in the above-mentioned two conditions, I believe it is the most dependable aphrodisiac before the profession to-day; while its value in prostatic enlargement has been very much overstated. My experience with it is confined to its use in a few cases, in none of which did I use the aphrodisiac formula now on the market. I used the single drug in cases of prostatic enlargement, and the results were practically nil. In one case frequently it would produce a mild condition of *ardor urinae* in one-half hour after its ingestion, tho it did not seem to augment the urinary secretion. I attributed this effect to a probable slight irritation of the prostate gland, which soon passed away. Its power as an aphrodisiac seemed to be in producing more tonic, adolescent erections.

L. B. ALLEN, M.D.

Mt. Pleasant, Iowa.

Epilepsy in a Child.

EDITOR MEDICAL WORLD:—On page 463 of the November WORLD I notice with interest the article under the above name, from whom or where I know not. If it is in my power to be of any assistance to the Doctor I would be pleased to assist him. His history of the case absolutely excludes traumatism.

As to his two questions: First, can she get well? Second, is she a confirmed epileptic? They are at present unanswerable.

There are two symptoms mentioned by the Doctor which should have attention in this case. First, he says the convulsions make their appearance on the 8th, 14th and 21st days. This suggests a malarial complication which may be acting as an exciting cause in this particular case. Second, he says the child wants its stomach and bowels rubbed, which would suggest the possibility of an intestinal parasite. I would suggest to the Doctor that he have a competent eye specialist to examin the child's eyes for errors of refraction; and if this examination shows negativ results, make a close examination for worms; and if not found, investigate the possibility of malarial poisoning; and if negativ, then try the following formula, which has given me great satisfaction in a great number of cases, and been quite as unsatisfactory in several others:

Potasii brom.	240 grains
Ammonium brom.	840 grains
Fl. ext. cimicifuga	60 m.
Ferri citratras sol.	30 grains
Aquae q. s. ad.	8 ounces

Mix. Sig., 25 to 30 minims one hour after eating, three times a day.

This dose, of course, should be increast or diminisht as required. The ordinary adult dose of this mixture is a tablespoonful; but some cases will not tolerate so much, while others will require more; the object being to make it keep off the convulsions. The iron in this formula is used to overcome the bromism sometimes troublesome, and the cimicifuga is used to lower the reflex activity of the cord.

This combination has given me better results than any I have used. I do not undertake at this time to discuss epilepsy,

but may at some future time say more about it. T. R. ALLEN.

Justin, Texas.

For the case of epilepsy in a child, page 463, November WORLD, Dr. B. Mosby Smith, of Los Angeles, Cal., suggests that the cause is probably overfeeding or improper feeding; and also the constipation mentioned. He suggests the greatest care in feeding, and removal of the constipation with as little medicin as possible, preferring laxativ foods and abdominal massage. He calls attention to the abnormal appetite present in most epileptics. He does not think that the seizures in this case result from any traumatism, but probably from the condition of the digestiv canal.

Large Doses of Calomel in the South.

EDITOR MEDICAL WORLD:—I get so much good from your journal that I feel it would be a mark of ungratefulness to say nothing. I wrote you some months ago, but in a way (no doubt) to cause you to think I was blaming you somewhat for my investment in the Great Southern Agency Co. (a fraud). But I doubt not you prevented me taking twice as much in the concern.

A year or more ago we had a warm discussion on large and small doses of calomel. It wound up, no doubt, by every one going right ahead with big doses in the South, and minute doses in non-malaria sections. The past summer has been a very sickly one; and I for one have been very busy—3 to 20 patients a day; and with 20 to 30 grains of calomel and 10 to 15 grs. of comp. ext. col. in about three to four doses for adults, all recovered. Sounds a little fishy, the "all" I mean; but it is true. And very few indeed missed the big courses of mercury. And I find in the Delta that our typho-malarial or so-called slow fever cases *must* have the calomel to recover—most all of them. Our most fatal trouble here is suppression of urin. This is usually prevented by large doses of calomel; then, maybe, some more calomel.

You don't need overcoats at the equator, nor mosquito bars at the arctic circle. I came here thirty years ago, and have seen two alkaloidal men make a failure. Doses too small for this section. H. A. SMITH.

Sumner, Miss.

"Rubber preserves its elasticity better when kept wet; and it should never be laid away in a warm, dry place."—*John B. Deaver.*

What Has Become of the Widow?

EDITOR MEDICAL WORLD:—Please send me one of Senator Bourne's speeches. What has become of our brave little widow? THE WORLD still comes to my address, and is still appreciated. Your Business Talks are good, your politics sound, your watchfulness is to be commended; nothing seems to pass you unnoticed. May you live long and be ever able to edit a good journal for us poor doctors who live among the sticks.

Dawson Springs, Ky. BEN. P. EARLY.

["Among the Sticks" has sufficient progressivness to send for Senator Bourne's speech. That cannot be said of many who live in mansions. We still have some left, and we will continue sending free upon request as long as they last. But when they are gone we will not agree to write you to that effect. If you ask for one and don't get it, that will mean that they are all gone. But if you get one, don't be selfish with it. Pass it among your patrons till it is worn out.

As to the widow, "our widow," as we used to say, I do not know anything about her, for we haven't heard from her since the last communication from her was publisht in these columns. But I feel that I *do* know about her, because I know her high principles so well. I feel that I know that, if she is still living, she is doing well, and that she is raising her children right. How many *men* are doing more? Right principles make everything else right, for man or woman.

You remember how I learned of her. She sent payment for her husband's over-due subscription account, apologizing for the delay, and explaining that her husband, the doctor, had died, leaving practically nothing for herself and the children, and that consequently times were hard with her, but that she would fight the battle thru and pay all debts. This was the first I knew that the doctor was dead, or even sick; and, of course, I sent the money right back with an appropriate letter of sympathy and encouragement. You know the rest of the story. Her case—her courage, her views, her desire to give help rather than receive help, etc., were lessons to all of us.—ED.]

COLUMBUS, OHIO, Nov. 11, 1910.

EDITOR MEDICAL WORLD:—Inclosed find check for two dollars; one dollar is for THE WORLD for another year, the other dollar for three binders, including awl. I take six medical journals, but for practical points I prefer THE WORLD. I have been reading it for fifteen years and would be lost without it. I enjoy all the departments. Let the good work go on. Let us realize that the greatest pleasure of life is to do good. Wishing you health and happiness, I remain yours truly, G. S. STEIN.

Digitized by Google

Extensiv Burn.

EDITOR MEDICAL WORLD:—I am sending you a picture of Mr. Ed von Steinburg, who was caught by clothing in gasoline

engine nine weeks ago and burned as you see. I mentioned this in Nov. WORLD, page 457. Such a burn is not commonly met in country practise; and it is seldom that a patient will survive the shock of so extensiv a burn. The skin has slought well, leaving a raw granulated surface. The right limb is destitute of skin from perineum to ankle. The black about the knee cap is the dried fascia, baked to the cap and adjacent tissue, which were the last to clear off. That is all clean at this writing. At one time there were five sinuses leading from X, including one which led under the knee cap, and let out the joint water. These are all closed up now except the one under the knee cap, which we still keep open for irrigation. The shin bone was exposed for seven inches; this does not show in picture. This is half granulated over.

The left leg was burned on the inside, as you see, but on the outside it is not burned. A place four inches long on the shin was burned to bone; but this is all granulated over. The inner malleolus on each foot was burned so the bone slought; but they are alright now, having granulated over nicely.

Patient cannot sit up, or use a bed pan. He is compelled to turn on side when attending to nature. He is getting along nicely now, and gaining flesh. The skin is growing rapidly from the edges, and we are now grafting skin, which is growing nicely. When our patient gets well, as we expect he will, I will send you another picture.

DR. A. D. MAHAFFAY.

Hildrith, Neb.

Dr. Jas. MacCoy, of Joliet, Ill., advises doctors who ride a motorcycle not to put their machine away for the winter, as there will be many good, bright days for riding, tho possibly cold. A ride then will prove stimulating and invigorating. But carry a blanket to throw over the engine when you leave it, and if your stay is protracted, and you cannot take it in, go out about every half-hour and "give her a few turns with the sparker."

"Carry with you a little roll of absorbent cotton, which you'll stick into air intake when she's cold, and onto it squirt a little half gasoline and half ether; then off you go, and of course reach and get the cotton."

(Continued beyond Yearly Index. Raise staples with a pocket knife, lift Yearly Index out, and bind in front or back of volume, as desired. We omit the title page and blank page on opposite side of same leaf. As practically all who bind WORLD use the WORLD Binder (only 35 cents each, or three for $1), a separate title page is not needed, and is seldom used. However, if as many as 100 of our subscribers request a separate title page, we will supply it without extra cost.)

Digitized by Google

Suspected Epilepsy in a Child.

ANXIOUS GRANDFATHER, INDIANA; My dear Doctor:—I was much interested in your letter in the November WORLD, page 463, and I feel that I must write you. I cannot unqualifiedly indorse the diagnosis of epilepsy *sui generis* in the case of which you write, altho the convulsions are epiliptiform. My opinion is that the whole trouble is intestinal in origin, and that there is a great deal of hope for a permanent cure *cite tute et jucundi*. The elixir lactated pepsin recommended in THE WORLD is all right, but will not do the desired work, neither alone nor in conjunction with intestinal antiseptics. What is needed is intestinal antisepsis, and also a correctiv of the mucous secretions.

I know that it may look like presumption for an unknown country doctor to go contrary to the opinion of the Editor of THE WORLD, but all the same, so confident am I that I am right that I am writing you. Give the little one the following treatment for say three or four weeks, and let me know the results:

℞

Kali bichromat. .....gr. j
Magnesii sulf.....3 ij
Olei gaulth.....m. iij
Syr. sim.
Aquae, āā, q. s., ad.....℥ iv
M. et Sig.—3 j after meals and at bedtime.

Give at the same time gr. j calcium sulfid with each dose of the above.

Rationale: Bichromate of potash in 1-30th grain doses acts beautifully on the mucous glands from mouth to anus, anywhere, and especially on those of the intestins.

Magnesium sulfate goes a long way toward the prevention of the formation of intestinal toxins when given in these doses:

Wintergreen for flavor.

Calcium sulfid as a "sweetener" of the blood.

I use a tablet containing:

Magnesii sulf.....gr. v
Calc. sulfid.....gr. j
Kali bichrom.....gr. 1-30

a great deal, and get splendid results, on which I could write pages—but I won't. I would send you some for your child, but fear that you would have difficulty in getting her to swallow them, as they are quite sizeable.

Try this, Doctor, if it strikes you favorably.

The suggestions in THE WORLD as to diet I heartily indorse. My treatment is to be added to them. S. P. TRACY.

Walkerton, Ind.

Hook Worms Better Than Charts.

EDITOR MEDICAL WORLD:—In the November issue, page 461, I note Dr. H. W. Stephenson's inquiry for charts on the hookworm, and your reply. I have for six years been instructing my patrons in regard to the hookworm without using a special chart. I have a chart on the blood and a bacteriological chart, and also have some hookworms in alcohol that my patients brought me. If my patrons' curiosity leads to questions on the chart, I tell them I have something interesting and nearer home, and show them the worms. If I give medicin for the hookworm, I show the patient what to look for by having them examin the worms in the clear bottle. I consider this a great help in the search for worms during treatment.

When Dr. King wrote his story of "The Country Doctor," he warned young doctors not to diagnose worms too often, as it might lead to being called a worm doctor, and injure the doctor's reputation. I suppose Dr. Stephenson, like myself, is doing some work among the "branch water" people; but, like myself, has no fear of being ridiculed by others, since the worm doctor had causes for his faith which time alone could vindicate.

Westfield, Texas. W. EHRHARDT.

Correspondence Concerning Malaria and Hay Fever.

DEAR DR. TAYLOR:—I am among your very earliest subscribers. I am, as the saying goes, *a back number*. But, in the October WORLD, I note inquiries from Dr. Odom (page 423), and from Dr. G. Jones (page 429), on the subjects of malaria and hay fever. I wish to say to them, and to others, I am ready to write out to any and all, my long-tested formulas, cheerfully and freely to those who will hold up their hands. But will ask each to inclose his own self-addrest and stampt envelope, as once I got soakt on a postage bill of no small proportions by just such a proposition, and thru THE MEDICAL WORLD. Very truly,

DR. J. H. MCCARTNEY.

Rochester, N. Y.

To this we replied:

DEAR DR. MCCARTNEY:—You can avoid

Digitized by Google

all risk of a postal deficit, and all trouble, by sending the prescriptions to me, for publication in THE WORLD.

Very sincerely,
C. F. TAYLOR.

DEAR DR. TAYLOR: — Yours received. So here goes. For Dr. Odom and malaria: Natrum sulf., 5 grains; picrate of ammonia, 1 grain. Put into one pill. Let patient take one (no more) morning, noon, and night. In much less time than you will expect, all symptoms of malaria will permanently disappear.

For Dr. G. Jones: Let the Doctor put a quarter ounce of iodin crystals on an old dish, and place the dish high up in the sleeping apartment of the patient. Do this an hour before retiring. Close all doors and windows. Now tell patient to go to bed, and go to sleep. He or she can do so with impunity. Next a. m. the patient will be nearly well. On the third morning, usually perfectly well.

In neither of the above instances will any other treatment be needed.

J. H. MCCARTNEY.

Exercises and Massage for Hernia.

EDITOR MEDICAL WORLD:—About a year ago you advised the use of a truss for a young man whose abdominal walls showed bulging as tho hernia was incipient. I have just read Dr. Souder's article on the subject (Nov. WORLD, page 453) and feel that both of you have left something unsaid. One swallow does not make a summer, nor does one case, even tho successful, prove a treatment; but possibly my experience may help some one.

I cannot remember when I was not ruptured. One of my earliest recollections was that sometimes a testicle would be up in the abdomen and sometimes the scrotum seemed to contain "air." Later I learned the nature of the defect, but since it did not trouble me, I did not bother it. As I neared manhood I found a chapter in one of Geo. L. Taylor's books on exercising to benefit rupture, but the exercises never seemed to fit my case. At thirty I began to try trusses in the hope of a cure. The pressure to retain produced discomfort front and back, and I feared the effect on the kidneys and small of the back. My experimenting indicated that a short use of the truss (half a day) weakened and irritated the muscles. If worn in the a. m. and not in the p. m., the effect was to make the muscles weaker and less able to support. If worn in the p. m. the muscles would rest over night and be full of blood and strong in the morning and often retain the rupture. If constantly worn, the muscles became thinner and weaker. No support was so little destructiv of the muscle strength as the finger tips; and I often walkt with one hand in my pocket, retaining the parts. Swimming both floated the intestins and strengthened the muscles and was beneficial. After ten years of more or less ineffectual experimenting, the above seemed to be all that I had learned, and the hope of cure by that method was not great.

But persistence was finally rewarded by complete retention without a truss. I believed I was cured, and yet I had no feeling of assurance for the reason that the line between retention and non-retention seemed very faint. I dared not use a truss for fear of weakening. Yet for about a year there was no return. Then the rupture again appeared, with more or less discomfort due to the stretching of the tissues and supports. Again the old story. Sometimes the truss would retain it and sometimes not. The truss pressure was often worse than the defect. Several more years went by and I concluded that radical operation was the only hope. But waiting for "a more convenient time," I chanced to see B. McFadden's book on the subject and read it. He dwells so strongly on the exercises that I began stretching the muscles of the affected region by lifting one leg or both for a few times at each bedtime, reclining on the back while doing it; often with arms over head. Often lifted the trunk with feet under the cover or some slight load. When feet were in air, often twisted the trunk by letting them swing sidewise. In this reclining position the intestins remained in place during the exercises. I also massaged the tissues to the point of tenderness by sliding the skin about, using some pressure; merely rubbing the skin made it sore with little benefit. When tired I went to sleep, and by morning the muscles would be rested and full of blood. They were not only stronger, but the blood undoubtedly acted as does the matter injected in the injection process, in that it filled the space and helpt retain. Not regular in this practise. Found benefit. Gradually left off the truss except on days when I would be much on my feet or doing violent work.

Digitized by Google

Nearly two years ago (present age, 49) there was no further descent. No particular notice taken of this fact, for often there was none till late in the day :or possibly not at all. Exercises continued at pleasure. Never had been followed so vigorously as to be considered work. Since then, no return of the defect.

At present, feeling of perfect strength and retention in the parts. Occasional exercise to be sure and keep safe. Lift, run, jump, and do anything I ever did or others do, with no feeling of fear. If simple exercise and rubbing will do this for me, why is it not worthy publicity in your columns? JUST A LAYMAN.

[This layman is one of our advertisers. We sent the letter to Dr. Souder and askt him to make any comments that he might see fit. We append his reply.—ED.]

DEAR DR. TAYLOR:—I have read the letter with much interest. The course he speaks of will be of benefit in most cases of inguinal hernia, and may effect a cure in a small percentage of cases without other measures being employed. The principal difficulty experienced is to get patients to continue the exercise sufficiently long and regular. I have often suggested the exercises, but usually they follow them up for a few times, then neglect them. I am able to get them to continue massaging the parts much longer. I have them do this two or three minutes every night, when the abdominal wall is weak, either before treatment (injection) is begun, or after it is completed; but not while undergoing treatment.

I indorse the measures your correspondent advocates, as I know them to be good, and am glad he brought the subject to your attention. C. F. SOUDER.

Philadelphia, Pa.

An Old Doctor Inspires a Younger One.

EDITOR MEDICAL WORLD:—Just read the letter from Dr. Elders, of Hematite, Mo., in November WORLD, page 456. It is a splendid letter; I enjoyed reading it. The doctor is all right. I'm 36, married, have three children. Graduated in May, 1901. Have been practising since July 4, 1901. The reading of Dr. Elders' letter did me good. He has a way of saying just what he means.

Tamaroa, Ill. O. C. CHURCH.

Some Suggestions from Our Brother, Dr. Bott.

We all like THE MEDICAL WORLD. We all appreciate it, and value it more than any of the journals. We all like Dr. Taylor and appreciate his ever ready voice in our behalf. This is old. Dr. Taylor has been receiving such assurance for many years. Suppose we make it a point to send in as much as one year's subscription, which is one dollar, so it will reach Dr. Taylor just before Christmas. I believe by united effort we can make it a merry Christmas for Dr. Taylor without costing us an extra cent. None of us will miss one dollar. One dollar is not much, but if every subscriber to THE MEDICAL WORLD will unite in sending Dr. Taylor a dollar it will mean much to him and Mrs. Taylor. I make this suggestion without any motiv other than to get a united action at Christmas time in showing our appreciation to Dr. Taylor. As for me, I shall send in one so it will get there as a Christmas reminder. I want THE MEDICAL WORLD and would not exchange it for any medical journal I ever saw. I want Dr. Taylor to know how much I appreciate his efforts in our interest. Let every one who reads this join in this move, and just picture in your mind what a bundle of one dollar bills will reach Dr. Taylor on or about Christmas time. Happy Christmas to you all!

Memphis, Tenn. F. L. BOTT, M.D.

[I deeply appreciate the above sentiment. Yes, prompt pay will make a merry Christmas for me, as it would for you if your patrons would similarly unite in your behalf. I suggest that you send out a circular letter to all your patrons making this suggestion. Christmas is the grand settling time of the year in many parts of the country. Your printer can print the letters for you in typewriter type. For a letter form, see Business Talk in WORLD for last December.

But to return to Brother Bott's suggestion. *Please* do not wait till just before Christmas to send in your renewals. Think of our office clerks. They want (and they always get) a holiday on Christmas. The bookkeeping for many thousands of small accounts scattered all over the country is no small matter. So if you will kindly think of this, you will send your remittances *as soon as you see this;* and then our clerks will have a chance to get their work done by Christmas, and we will all join in the *rejoicing* on Christmas day—clerks included.

I have been working all the year to make your coming Christmas a merry one, and I sincerely hope it will be. And I will appreciate whatever you may do to save us from the trouble and expense of collecting subscription accounts from the "slow ones." As Dr. Bott says, it costs no more to send it early than late, and it costs me less. Some of the brethren are always prompt. A great many send $3 for four years in advance, as it is cheaper and less trouble. Some are chronically slow. And to these I hope Brother Bott's sug- these slow brethren happier as well as mine. Ingestion will appeal. It will make the Christmas of deed, we will then not have a slow class at all; they will all be moved up into the prompt paying class.—C. F. T.]

Who Can Beat This Case Report?

EDITOR MEDICAL WORLD:—The husband of Mrs. Brown brought me the inclosed note last evening. Who can beat it? Is it not worth publishing?

N. Y. State. C. G. S.

Dear Doctor would you please give me something for the whites and the piles, the ointement is done she has got cramps toothack Rhumatisiam neuralgi and hungry spells so please can you cure them all from Mrs ROBERT BROWN

Digitized by Google

A Prayer for Doctors and Nurses.

We praise thee, O God, for our friends, the doctors and nurses, who seek the healing of our bodies. We bless thee for their gentleness and patience, for their knowledge and skill. We remember the hours of our suffering when they brought relief, and the days of our fear and anguish at the bedside of our dear ones, when they came as ministers of thee. May we reward their fidelity and devotion by our loving gratitude, and do thou uphold them by the satisfaction of work well done.

We rejoice in the tireless daring with which some are now tracking the great slayers of mankind by the white light of science. Grant that under their teaching we may grapple with the sins which have ever dealt death to the race, and that we may so order the life of our communities that none may be doomed to an untimely death for lack of the simple gifts which thou hast given in abundance. Make thou our doctors the prophets and soldiers of thy kingdom, which is the reign of cleanliness and self-restraint and the dominion of health and joyous life.

In their whole profession, strengthen the consciousness that their calling is holy and that they, too, are disciples of the saving Christ. May they never thru the pressure of need or ambition surrender the sense of a divine mission and become hirelings who serve only for money. Make them doubly faithful in the service of the poor who need their help most sorely and may the children of the workingman be as precious to them as the children of the rich. Tho they deal with the frail body of man may they have an abiding sense of the eternal value of the life residing in it, that by the call of faith and hope they may summon to their aid the powers of thy all-pervading life.—*Walter Rauschenbusch in American Magazine for Nov.*

Physicians and nurses are wanted for the foreign missionary service. While "traveling expenses and comfortable support are provided," only men and women of "heroic mold" are wanted. For particulars, write to Mr. W. B. Smith, Acting Candidate Secretary, 125 E. 27th St., New York, N. Y.

"For the prostate itself there is no specific. I am, however, a firm believer in the occasional value of ergot. During an accession of prostatic and vesical congestion, often accompanied by a fit of piles, and with retention of urin, there are few prescriptions which afford the patient such comfort after the urin has been evacuated by catheter, as the following:

Fl. ex. rhamnus purshiana.... 4 drams
Fl. ex. ergot..... 8 drams
Fl. ex. witch hazel.....12 drams

Mix, and direct teaspoonful three or four times daily in water."—*John B. Deaver.*

MY DEAR DR. TAYLOR:—Inclosed please find check for $3 to pay for four years of your valued MEDICAL WORLD. We, my wife and self, always look forward with pleasure to its arrival, and we consider your offer of four years for $3 a generous one. I like the way you hammer sense, or try to, into the heads of those who are looking for places to invest their money. I have profited immensely by your talks on money matters. Here is good luck to you, and God-speed you on your whole-souled work.
Kankakee, Ill. PAUL R. BADGER.

QUIZ

New books as they appear are sent to our Assistant Editor, DR. A. L. RUSSELL, OF MIDWAY, WASHINGTON CO., PA., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interests in any proprietary preparation nor any medical supply house.

Only such queries will be publisht as are likely to interest and instruct many others, as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful, and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested; but anonymous communications will receive no attention. Come freely for help, but read up as fully as you can before coming to us.

Obstinate Eczema on a Physician's Hands: Help Wanted.

EDITOR MEDICAL WORLD:—I come to you for help. Ten years ago I had an attack of eczema which lasted about two months, and since then I have had two light attacks; always on my hands. Last May it came again and has never let up entirely since. It fades some, and I think it will go, but it comes back with all the dread symptoms: itching, swelling, burning; then comes the little and big blisters. It now has gotten into a chronic form or nearly so. My family history is perfect. I never had an ailment in my life. Kidneys are normal. I have weighed 240 pounds, but by careful feeding and exercise within the last two years have brought it down to 194 pounds. I want your advise, and if you please you may call on the readers of your very valuable journal, THE MEDICAL WORLD. Long live THE WORLD. JAMES RICHMOND, M.D.
Loyal, Wis.

[Cut out sweets and meat from your diet, and increase your consumption of water. Never put water on your hands when you can avoid it; better use rubber gloves for obstetrical and surgical cases after proper cleansing, so that you will be exposed as little to contact with water as possible. If you have been using strong antiseptics, like corrosiv sublimate, to render your hands steril, select some other antiseptic. Every night, on retiring, smear the hands thickly with oxid of zinc ointment, and draw over this a loose-fitting pair of chamois skin gloves. Generally the gloves can be worn both day and night, except during sterilization of the hands, and it is questionable whether a man with hands in that condition should attempt any-

Digitized by Google

thing that requires him to sterilize his hands. When soiled on the outside, they can be washt in warm water and dried, and again used. The excess of ointment can be wipt off with warm glycerin, and this cleansing should always take the place of soap and water whenever possible. We think this will cure you.—ED.]

Urethral Caruncle.

EDITOR MEDICAL WORLD:—Woman suffering from urethral caruncle. The caruncle is covered with a smooth mucous membrane with an indented, pectinated border. The color is bright red, exceedingly painful, both spontaneously and on contact, and occasionally produces cramp and vaginismus. Would be pleased to receive suggestion how best to remove same without operation. Would chromic acid have any effect of a curativ nature? C. D. DAWSON, M.D.
Peoria, Ill.

[We do not advise any other method of dealing with a urethral caruncle than by operation; it is the only certain method, and is less painful than any other plan. We would not use chromic acid.—ED.]

Enuresis Nocturna.

EDITOR MEDICAL WORLD:—I have two cases of nocturnal enuresis which I have treated unsuccessfully, as follows: Made examination and found nothing abnormal. Forbade any water after 5 o'clock p. m. Directed to urinate before retiring. Gave bromids and chloral a trial. Gave incontinence tablets without result. Gave prescription containing the following:

Sodium benzoate	150 grains
Sodium salicylate	150 grains
Extract belladonna	5 grains
Cinnamon water, enuf to make	4 ounces

Mix, and direct a teaspoonful four times a day.

One child is ten years of age, and the other twelve, and the cases are of long standing.
Tamaroa, Ill. O. C. CHURCH, M.D.

[We would follow the rules you laid down on water drinking in the evening, and on urinating before retiring. We would add to this that they should be roused at intervals thru the night to urinate, until the habit is broken. We would give a few rectal injections of infusion of quassia, to eliminate possibility of "seat worms." We would have them drink, thru each day, a quart of infusion of flaxseed, or of infusion of slippery elm bark. We would put them on half-drop doses of tincture cantharides, hourly, with an intermission every other day; three days' administration will test the value of this suggestion. If this fails, put them on tincture of belladonna till the pupils dilate widely or soreness in the throat is complained of. Belladonna will often cure cases when given to the physiological limit in which it has failed previously, in smaller dosage. Santonin will often break up the habit, even when it is not dependent on the presence of worms. Rhus aromatica is another very valuable drug, relieving nearly every case, and curing many. One should never forget that strychnin will often cure the most obstinate of cases, and the therapy is never considered as exhausted until after buchu, turpentine, quinin, and scutellaria have been tried.—ED.]

Local Remedy for Cataract Wanted.

EDITOR MEDICAL WORLD:—Is there any remedy or medicin that will remove cataracts of the eye in the early stages? I have always been taught that operation was the only help; but a lady that I told this to a few months ago has been taking treatment from a traveling specialist and is actually better, for I examined the eye myself. Can you or any of the family give me the information I need? Doctor, keep on your good work. You hit from the shoulder, and we can understand what you mean by what you say. Your journal is worth much more than any journal I take. I have been a close reader of it for 16 years, and have 6 years bound, and I refer to them more than any book in my library. IOWA.

[Some cataracts may be influenced in the early stages by local applications, but the general consensus of opinion thruout the universe is that operation is the only cure. Phosforized oil, by inunction about the forehead and temples, and by instillation into the eye, has been employed as a local remedy.—ED.]

Continental B. and L. Assn. of Denver.—Information Wanted Concerning Hot Springs.

EDITOR MEDICAL WORLD:—Have read THE MEDICAL WORLD for the past two years with a great deal of interest, and especially the report of cases and Business Talks to Doctors. Would like to ask the family a few questions.

What do you know about the Continental Building and Loan Savings Association of Denver, Col.? Is it reliable? What has been the experience of physicians who have invested their funds in it? Is it safe?

Also would like to ask about the various hot springs thruout the country. Do they pay? are they a good investment? are they money-makers or not? What is the experience of physicians who have handled them? If any have, I would like to know the results.

Can you refer me to publishers who put out books devoted to hot springs and anaylsis of water from various hot springs and systems of baths and treatment used at various hot springs?

The questions askt above are out of the ordinary, and I know it is difficult to furnish answers to the same, but could you furnish any light on above would consider a personal favor.

Digitized by Google

If you cannot furnish above, can you tell me where I can obtain same? H. W. CLOUCHEK.
Twin Falls, Idaho.

[We know nothing of the Continental Building and Loan Savings Association of Denver. Perhaps some of the "family" who have had experience with it can inform you. We presume you would have trouble in getting any information regarding any hot spring that was paying its owner well, for "chickens seldom cheep when their mouths are full." Real estate men, with property for sale, might put up confusing statistics, and nothing on earth can lie so hard as statistics when properly manipulated. Broadly speaking, a hot spring would pay in direct proportion to its location; to its equipment; and to the amount of advertising given it. A location convenient to a large city or a main artery of travel, or in a fashionable "resort" neighborhood, with a grand and sumptuously fitted set of buildings, and with *enuf* advertising, could not fail to pay; but it might take an immense sum of money to put it on a paying basis.

Paul Hoeber, 69 East 59th Street, New York, N. Y., will quote you books on hydrotherapy and climatology. Volumes three and four, of Cohen's System of Physiologic Therapeutics, publisht by P. Blakiston's Sons Company, of this city, treat of Climatology and Health Resorts. —ED.]

Glacial Acetic Acid for Naevi.—Crooked Teeth.

EDITOR MEDICAL WORLD:—Will glacial acetic acid remove naevi? The one I have in mind is 1 x ½ inch.

Can you advise me where I can get a book treating on ill set teeth? If you could give me the method of treatment I would be glad to have same.

Roff, Okla. H. D. MEREDITH, M.D.

[Yes, if the growth is superficial. Glacial acetic acid is not suited for applications where the deeper structures are involved, except in the case of corns and warts.

Any work on dentistry would give you this information, but without a certain amount of experience in working gold or silver, you would probably make a failure of it. The technic consists in fitting bands about the roots of the teeth so that traction can be made in the proper direction to straighten the tooth. These bands may have to be refitted a number of times, as they lose their tractiv power thru the tooth approaching a straight position, and accurate fitting is always necessary, since the space is so small and the range of position desired is so slight. Some dentists accomplish the same results by the use of silk thread, but, of course, this does not make as firm nor so certain traction as the bands. —ED.]

Bronchiectasis.

EDITOR MEDICAL WORLD:—I have a case of bronchiectasis that has given me considerable trouble. So far I have not been able to do much good. The expectoration is muco-purulent usually, tho sometimes it is purulent. It has been examined for tubercule bacilli three times, and each examination was negativ. On all three occasions staphlococci were found, and on one, streptococci. Her age is 40, married, mother of three children. I diagnosed chronic bronchitis with formation of a pouch or saccule in a dilated bronchus. Dry rales are heard over quite an area of chest. There is no dullness on percussion.

Occasionally there is slight rise in temperature, with chilly sensations undoubtedly due to absorption of this purulent material.

On "taking cold" there are pleuritic pains. Heart's action good, digestion good; elimination all right.

Expectoration is abundant—about an ounce or perhaps a little more in twenty-four hours. On lying down she has a coughing "spell" and expectorates as much as half an ounce. Then there is no further trouble for from six to eight hours. When she lies down again the same thing is repeated. Even stooping low may bring on an attack of coughing and emptying of purulent material. Can you help me out? Can any of the family help me out? What will lessen this expectoration and eventually heal the lesion?

Altamont, Ill. DR. H. STEIN.

[We think your diagnosis is correct, but we would greatly fear that she is in a "pretubercular condition." Certainly you cannot expect any improvement without a long course of treatment. We suggest placing her on ammonium iodid and arsenic as a base of treatment. Give her also one of these drugs: terebene, turpentine, eucalyptol, copaiba, lobelia, or grindelia. It might be more properly said, give her one of the first three and one of the last three. It would be well to use the dietary and fresh air treatment, now used in the treatment of tuberculosis, in this case. Read a good modern book on the management and treatment of tuberculosis.—ED.]

Pruritus Hiemalis (Winter Itch).

EDITOR MEDICAL WORLD:—I will greatly appreciate help on the following case: Female, 51 years old, of slight build; has never been robust, but has never had serious illness. She has not ceast to menstruate; is regular, but the quantity is small. Five years ago, beginning in the fall months, she suffered from an itching across the shoulders. It yielded to a graphite salve, but returned the next winter, when this application failed to do good. Last winter it came back earlier in the season, and affected also

Digitized by Google

the limbs and body, and nothing I could do made any improvement. I put her under the care of a specialist, by mail, who restricted her diet and limited her consumption of meats and sugars. In five weeks she improved. This fall it began in September, and is very troublesome, tho not as bad as in former seasons.

Wingo, Ky. S. A. WESSON, M.D.

[The lady has "winter itch," and it is very hard to cure, but we have never failed with a carbolic acid and beta-naphtol application. It may be made up either as a lotion or as a salve; some skins will not tolerate the ointment. Try the lotion first, made up as follows:

Carbolic acid	2 drams
Beta-naphtol	3 drams
Boric acid	2 drams
Glycerin	6 drams
Water, enuf to make	8 ounces

Mix, and direct to be applied two or three times each day, the last time on retiring at night.

. If the lotion fails, make up about the same strength in an ointment containing equal parts of wool fat and vaselin as a base. Of course, the restrictions in diet which formerly proved beneficial should again be enforced. Her menstruation has nothing to do with it, and we think a few weeks of the above treatment will cure her for this season, but it will probably return next fall as soon as the weather begins to get cool.—ED.]

Hydrobromate of Quinin in Graves' Disease.—Other Remedies.

EDITOR MEDICAL WORLD:—I desire to ask you what is the best recognized treatment of Graves' disease, or disease of the thyroid gland. I saw the following statement in the *Therapeutic Gazette* quoted from the *Boston Medical and Surgical Journal:* "Thru hydrobromate of quinin (neutral), as used by Forchheimer and by Jackson, we find a great percentage of improvements and of cures." There is no mention made as to the method of Forchheimer and Jackson, and that is another thing I desire to know. Knowing you to have better facilities for reaching this information than ourselves is our reason for writing at this time. No doubt many readers of THE MEDICAL WORLD as well as myself would be benefited by information in reference to this disease.

I am interested because the patient is my wife. I intend to report her case fully in THE WORLD later. What I am especially interested in at present is the method of using the hydrobromate of quinin so that I may try it. DR. H. H. COLE.

2222 Cleveland Ave., Kansas City, Mo.

[We admit our inability to tell you "how" Forchheimer and Jackson employed the hydrobromate of quinin, but probably by oral dosage. It is used exactly like the sulfate of quinin, and we are unable to locate any reference to its possessing any unusual virtue in this disease. It occurs in light, silky, white needles, and is soluble in 40 parts of water, 0.67 of alcohol, 16 of ether, and 8 of glycerin. It is also known as quinin bromid, and as quinin hydrobromid.

No one could say what is the "best" treatment in this affection, since some do well on one drug and the same drug does not suit others. In uncomplicated cases, any of the following will generally produce a prompt effect if the disease has not been of too long standing; if it has been permitted to progress untreated, any or all of them may fail to be of benefit. Belladonna, five minims of the tincture, hourly. Digitalis, in small and frequently repeated doses, watching closely for any aggravation of the cardiac action or for gastric irritability, iron in some non-irritating form often being combined with it to advantage. Duboisine sulfate, 1-120 grain two or three times a day. Any bromid, combined with iron, is quite generally useful. Strophanthus, 5 minims, three times a day. Arsenic, 1-32 of a grain, twice daily, cautiously increast up to 1-16 of a grain. One grain of valerianate of zinc three times a day will often allay nervous symptoms and insomnia. Galvanism of the cervical sympathetic and pneumogastric, and of the eyes and thyroid gland, is decidedly curativ in recent and uncomplicated cases.

You might write the Doctors Mayo, Rochester, Minn., detailing fully your wife's symptoms and asking their advice. A year or so since, one of them was quite enthusiastic in advocating operation early in the disease, but we have not been able to follow his ideas in this regard lately.—ED.]

Formula for "Number 6."

EDITOR MEDICAL WORLD:—The following is a prescription that one of my old patients handed me the other day, stating that it was over fifty years old, having been handed down from his grandfather. He recommended it as a local "certain cure" for those awful *"kriks"* in the back that the laity speak of; saying he never knew it fail to "do the trick."

℞. Alcohol, turpentine, number six, aqua ammonia, oil sassafras and gum camphor, equal parts. Mix and apply locally. What I want to know is: What is *"number six"?* or a substitute? Success to THE WORLD. Long may she live.

INDIANA.

["Number six" is the National formula preparation of tincture capsicum and myrrh, from which you will see that there is nothing very wonderful in the remedy from a therapeutic standpoint. However, it may make a very good rubbing liniment, but we must reserve our own opinion about

Digitized by Google

it possessing the power of a never-failing cure for the condition named. "Number six" was the name used by the old Thompsonians. It is made with a menstruum of alcohol nine volumes and water one volume, and representing in each adult dose of 30 minims, 1 grain of capsicum and 4 grains of myrrh. It is used internally as a stimulant and carminativ, and quite extensivly for all manner of ills, by that class of the laity who know nothing of medicin and yet practise the art.—ED.]

Mothersill's Remedy for Seasickness: Formula Wanted.

EDITOR MEDICAL WORLD:—Do you, or does any of the family, know anything about a remedy for seasickness, called *"Mothersill's Seasick Remedy"?* I hear it is extensivly used; with what result, I don't know. Do you know its formula? or its ingredients? J. LOPES CARDOZO, M.D.
Brooklyn, N. Y.

[The Editors know nothing of it. Can any of the family supply the information the Doctor desires?

Thoro elimination by an activ cathartic twenty-four hours before beginning a sea voyage will prevent many from developing this annoying nausea.—ED.]

Rheumatism, Flat Foot, or Morton's Metatarsalgia.

EDITOR MEDICAL WORLD:—T. K., aged 67, retired farmer, has always enjoyed as good health as the average person. Has never been rheumatic. In July (this year) he experienced pain (on motion only) at the metatarso-phalangeal articulation of right foot. Thinking it was caused by a corn on toe, he procured some "Honest John Corn Cure" (not my prescription). He claims the corn was removed nicely, healed well, etc.; but the pain not only remained, but increast and extended. Affected at different times (shifting) the whole metatarsal region (not the *whole* region at once, but changing about), finally getting into ankle joint, but still shifting down to the foot. Yet it seems as if the tendency was for it to extend upwards, as now he suffers very little (if any) at the original seat (metatarso-phalangeal). When limb is at rest he is perfectly easy. But on walking is when the pain troubles him. Foot swells during the day; in morning it is about normal. Urin about normal in reaction, a slight trace of albumin. Have had counsel, but don't think counsel has added anything to my store of knowledge. Now, Mr. Editor, I *know* if we, with patient before us, can't make a diagnosis, it is presumption to ask you to do so with this poor, miserable, scattered history. Yet I don't know as you could tell any more if you saw him, as there is absolutely nothing to go by, only that he has the pain. He walks with quite a limp. So I ask you to kindly make a stab at it anyhow. He has been, years ago, a *moderate* drinker, but never drank to excess. An inveterate smoker. Do the best you can, under circumstances. Counsel said massage was contraindicated. Is that true? and if so, why? J. C. BUCHER.
Verona, Ill.

[To our mind, there are but three conditions for you to consider in reaching a diagnosis. Quite possibly Morton's metatarsalgia may be excluded from the fact that there are intervals of freedom from pain and that there is swelling. You cannot dismiss flat foot after a casual examination; many good anatomists overlook it. In fact, we strongly advise procuring for him a set of flat foot or instep supporters, sold by all instrument dealers, making sure that they fit properly. Only by a continued trial of them can you be sure that they are a success or failure. It is hardly necessary to go into the discussion of rheumatism, as you have doubtless considered it well and administered appropriate treatment. However, the fact that you say "he has never been rheumatic," leads us to caution you on the point that a man who has never been rheumatic may develop rheumatism unexpectedly and in novel situations, and with symptoms far from the classical ones. In addition to the local treatment indicated for rheumatism in such a location, we would take special care to see that the circulation is good in that foot; that he wears properly fitting shoes with soles of a thickness and stiffness appropriate to his habits; and that the feet are kept warm and are never allowed to become damp thru perspiration or other cause; and that only woolen stockings be worn. We are convinced that you will finally classify the trouble under one of our three headings.—ED.]

Dyspnea and Subacute Gastritis.

EDITOR MEDICAL WORLD:—I want to submit the following case to the family for help in diagnosis and treatment. This patient is an old friend and partner in the drug business, which business he has followed for the most of his life, so I naturally feel a great interest in him.

Dr. A. L. H., male, aged 66 years, white race. Has enjoyed good health all of his past life up to about two years ago. Height, 5 feet 10 inches; weighed up to about ten years ago 145 pounds, and for the past ten years weight went down to an average of 135 pounds, as a result of advancing age, for he was not ailing in any way, till, as before stated, about two years ago. Since which time his weight dropt down to 110 pounds, but since I have been treating him have succeeded in getting his weight up to 120 pounds, which is the only apparent change.

Was taken at first with general decline of flesh and strength, accompanied with a shortness of breath which he attributed to heart disease. The spells of shortness of breath were ushered in by

Digitized by Google

a peculiar stopping up of the left ear and nostril, and to relieve it he would have to breathe thru his mouth and get into a draft of wind by opening the windows and doors. He had, at times, palpitation of the heart, but not severe. He is troubled with a profuse flow of saliva; suffers with constipation and flatulency, the stool being dry and hard. I attribute a good deal of this as the result of taking very little fluids, and have advised him to take more fluids to help relieve the constipation and hard actions.

I have examined him carefully several times and find no evidence of heart disease (organic). There is an increast secretion of phlegm in the pharynx and it is, I believe, associated with his stomach trouble. As I take it, he is afflicted with a subacute gastritis and an atonic condition of the stomach and bowels. I have tested his urin for indican with negativ results. I thought his condition was one, partly, of autointoxication; but the test did not show it. I attributed his palpitation to indigestion and possible arteriosclerosis, but have no means of testing for the latter.

The most prominent symptom is the smothering; he has to open windows and doors to get enuf air. He has no symptom of asthma. When he takes a purgativ, it has a tendency to cause diarrhea, and he dreads purgativs, or rather laxativs. He is able to be up most of the time, but is very feeble, barely able to walk a short distance and sit up for a part of each day. No symptoms of lung trouble, and urin shows nothing abnormal. His mind is feeble like his body. Have treated him with triple arsenates and nuclein, quassin, resor-bisnol, W. A. intestinal antiseptic, papoid and pepsins, and Morton wave from a ten-plate Van H. & T. B. static machine, metal electrode up and down the spine, for its tonic effect. Have caused him to gain some in flesh, but the same condition still hangs on. He is, all of the time, distrest with the shortness of breath and the weakness, feebleness of mind and body. If the family can help me with him I shall be greatly obliged. J. F. MCCARTY.

Comanche, Texas.

[We think your diagnosis correct, and only make the suggestion that the gastritis is probably catarrhal in nature, and would be benefited by large doses of bismuth subgallate or bismuth subnitrate. You will not, of course, succeed in benefiting him until you dispose effectually of the constipation. Possiby you could persuade him to take enuf pure oliv oil to overcome this. Or you might try a mechanical laxativ, like a dram of the white mustard seed stirred in a glass of water, and taken once or twice a day. Enemas might do well for a time. We would give, tentativly, about four to six drops of freshly prepared nitromuriatic acid, fortior, in a glass of water, before meals. If you can get him to take enuf laxativ medication, you may disregard the slight constipating effect of the bismuth. Impress upon him that diarrhea is much easier handled than is constipation in cases like his. Doubtless others of the family will come to your aid with suggestions.—ED.]

Ascribes Poliomyelitis to the Use of Calomel.

EDITOR MEDICAL WORLD:—On pages 439-440 of November WORLD I noticed some thoughts on poliomyelitis, or infantil paralysis. We have known of such cases for nearly one-half century, and in nearly all cases we feel that treatment has a great deal to do with the paralysis so far as we can learn. More or less of mercury has been given, which is all wrong, and if it is not used there would be very little known of that disease. For a long time I have had no use for that medicin, as I have observed so much harm from mercury; but there is a great deal used, as one manufacturing firm puts it up in over eighty different forms, to say nothing of other firms. Wherever you see the hands droop, or the leg drag, or the foot thrown, or joints enlarged, you may be assured that mercury has been there at some time to impede circulation. And it is hard to eradicate it from the system when once taken. It may lie dormant for years and then show itself in so many unpleasant and harmful ways. A patient having once taken it is apt to be a barometer to indicate each change of the weather. Let each physician wake up and endeavor to give no more calomel unless it is to the dogs when they are mad, and not curse humanity with it.

Middlebury, Con. G. B. BRISTOL.

[You are pretty radical, Doctor, on the use of calomel. Some of the largest doses we have ever known were prescribed by homeopathic practicians. Your strictures come with poorer grace since all reports are now tending to show that the above is an infectious disease. Many of the cases occur in infants previously healthy, never having had occasion to have calomel or any other medicin administered to them. We shall have something further to say editorially on poliomyelitis, probably in our next issue.—ED.]

Walnut Hair Dye Fails to Dye the Hair.

EDITOR MEDICAL WORLD:—Sometime ago you gave to us a receipt for making hair dyes thru THE WORLD. It was:

Fresh green walnut hulls	10 drams
Resorcin	1 dram
Glycerin	2 ounces

Water enuf to make 14 ounces after boiling thirty minutes in a pint of water.

I tried that and when applied to the hair it does not "take." I write to ask if there is anything that I could put into it to make it cause the hair to be black. BROOKLYN, N. Y.

[Probably the reason you failed to get the color to "take" was that there was too much oily material on the hair. Try washing it thoroly with soap and warm water, or with water containing a little borax, and dry it well before applying the dye.—ED.]

Digitized by Google

Patents and Proprietaries.

DEAR DR. TAYLOR:—In regard to your answer to my query on page 464, November WORLD, there is one other phase of the question I should be glad to hear you upon. "All trade-markt preparations are proprietary," you say. Then what is the difference in a proprietary and a patent medicin, provided the ingredients entering into composition of each be given? granting one be advertised to the laity, the other not. Would it be unethical for a physician in good standing otherwise in the American Medical Association to sell or dispense or hold stock in a company manufacturing and selling either? or which?

Raleigh, N. C. THOS. M. JORDAN.

[I do not think it is proper for physicians to own stock in any medicin concern, particularly in companies which manufacture patented products in which there is necessarily a monopoly. The chief reason is that a physician's judgment in prescribing for his patients should not be influenced by his financial interests. The line of difference between patents and proprietaries is *not* that one is advertised only to physicians and the other to the laity. You are on the wrong track. A patent medicin is one protected by a patent; as phenacetin, before the patent ran out a few years ago. Most of the German synthetics are patent medicins, or were until the patents ran out, as in the case of antipyrin and phenacetin. The popular secret nostrums are usually called "patents," but really they are not. Hostetter's Bitters is not really a patent, tho it is popularly called so. It is a proprietary, just like Bromidia; tho the one is secret and advertised to the laity, and the other is not secret, and is advertised only to the medical profession. —ED.]

CURRENT MEDICAL THOUGHT.

Pneumonia.

Beginning with cold weather, and thruout the winter and spring, pneumonia, the most seasonal of all important diseases, takes its greatest toll. The recently publisht figures of the Census Bureau show 70,033 deaths from pneumonia in the registration area in 1909 as against 70,040 deaths from pulmonary tuberculosis. The death rate here is practically equal; in some communities, indeed, pneumonia claims more victims than does tuberculosis. Nevertheless the record of greatest disaster lies with tuberculosis; for those who suffer from the latter are sick usually many months—years indeed, before they succumb, whilst in pneumonia for months we must read days, as regards the time the disease endures. Again, the greatest pneumonia mortality is among the very young and the very old. On the other hand, tuberculosis destroys the youth, the wage-earner, the mother, men and women in the promise of life, who are doing the world's work.

The figures here given concerning pneumonia in 1909 exceeded by nearly 9,000 the 61,259 deaths from that disease in 1908. The reasons for such an enormous increase are not quite clear. It has, however, been advanced that civilization has been so busy with its anti-tuberculosis propaganda, that it has not given pneumonia the attention it deserves. This does not appear to us a very cogent reason; for a good anti-tuberculosis prophylaxis will work pretty much as well against pneumonia. Besides, such a prophylaxis must be so comprehensiv in its scope as to include practically all the essentials of modern scientific disease prevention. Possibly an unusually severe winter season did the added damage; or the preceding winter may have been abnormally mild, having a good number of markt-out victims for the winter to follow. Here again we would make the correctiv observation that merely cold weather does not yield a large pneumonia crop. In the Arctics pneumonia is practically unknown. It is the changeable weather, the alternately cold and warm day, swift meteorological changes, with germ-laden dust, that is most provocativ of pneumonia.

This disease has, like tuberculosis, a high ratio of preventability as to mortality, according to the report of the National Sanitary Commission of 1908. That is to say, of those subjects who actually die of the disease a sufficient number could be saved to add many months to the average life expectation of the American people as a whole, and this without considering the still greater saving of life that might be accomplisht if an intelligent and consistent preventiv prophylaxis were practised. Exposure to the elements, and especially to infection by the pneumococcus, would be avoided. Another kind of exposure is emphasized —that of "facing the world and its pneumonia germs with breasts imperfectly armored by a low, broken and depleted bodily vitality"; however, it is not so much the chest we would guard. In the winter social season women are in the evening very scantily clad. Yet they do not suffer pneumonia in consequence of this. The thorax is sometimes so cramped by the enveloping chest protector that the normal respiratory movements are not given free play; wet and cold feet are much more provocativ of pneumonia. If the chest protector is to be worn at all, it should be upon the feet.

The sharp recent rise in pneumonia mortality has been considered surprising by reason of the clearer knowledge latterly obtaining; yet to those experienced in these matters the phenomenon is not strange. "Knowledge comes, but wisdom lingers," is a truism never more applicable than to disease prevention. The public has the knowledge, the public's making practical application of this knowledge is, if experience has her lesson, a thing which very decidedly takes time.

It is well observed that whilst it is the physician's part to treat pneumonia, the possible patient and his friends and kin must do their share in recognizing the present high mortality of pneumonia, in calling the physician early enuf for a good chance of recovery to be graspt and in taking such preventiv measures as a due conception of the seriousness of the disease would suggest.—*Editorial in The N. Y. Med. Times.*

Soothing Syrups Which Kill Infants.

Babies doped with soothing syrups containing harmful drugs are particularly liable to infantil paralysis and kindred diseases, according to Dr. L. B. Kebler, of the Bureau of Chemistry, in the

Digitized by Google

Agricultural Department. Dr. Kebler made public a list of thirteen soothing syrups which he calls "baby killers," and warns the public against using. The list of preparations, together with the harmful ingredients, follow:

Mrs. Winslow's Soothing Syrup (morphin sulfate).

Children's Comfort (morphin sulfate).

Dr. Fahey's Pepsin Anodyne Compound (morphin sulfate).

Dr. Fahrney's Teething Syrup (morphin and chloroform).

Dr. Fowler's Strawberry and Peppermint Mixture (morphin).

Dr. Groves's Anodyne for Infants (morphin sulfate).

Hooper's Anodyne, the Infant's Friend (morphin hydrochlorid).

Janeway's Elixir for Infants (codein).

Dr. James' Soothing Syrup Cordial (heroin).

Koepp's Baby's Friend (morphin sulfate).

Dr. Miller's Anodyne for Babies (morphin sulfate and chloral hydrate).

Dr. Moffett's Teethina Teething Powders (powdered opium).

Victor Infant Relief (chloroform and cannabis indica).

Another that Dr. Kebler calls a "killer" is Jaynes' Carminative Balsam.

Dr. Kebler has suggested that druggists enter into an agreement not to sell these harmful drugs except upon prescription from a physician. An attempt is to be made to have a resolution of this character adopted at the next meeting of the National Retail Druggists' Association.

Dr. Kebler is one of the most active of the Government health workers. The list and notes he has presented above may be of use to physicians who find patients employing them.—*Indianapolis Med. Jour.*

Heaven Enuf for Me.

[Republisht by request. Author unknown.]

Last evening I was talking
With a doctor old and gray,
Who told me of a dream he had,
I think 'twas Christmas day.
While snoozing in his office,
The vision came to view,
For he saw an Angel enter,
Drest in garments white and new.

Said the Angel, "I'm from Heaven,
The Lord has sent me down,
To bring you up to glory,
And put on your golden crown.
For you've been a friend to every one,
And workt hard night and day,
You have doctored thousands
Tho from few received your pay.

"So we want you up in glory,
For you have labored hard,
And the good Lord is preparing
Your eternal just reward."
Then the Angel and the doctor,
Started up towards glory's gate,
But when passing close to Hades,
The Angel murmured, "Wait.

"I have got a place to show you,
It's the hottest place in Hell,
Where the ones who never paid you
In torment always dwell."
And behold, the doctor saw there
His old patients by the score,
And grabbing up a chair and fan,
He wisht for nothing more.

But was bound to sit and watch,
As they'd sizzle and burn,
And his eyes would rest on debtors,
Whichever way they'd turn.
Said the Angel, "Come on, doctor,
There's the pearly gates I see";
But the doctor only muttered,
"This is heaven enuf for me."

[Doctors who do not pay for their medical journals were in a pit near by.—ED.]

The Present Prospects of Medical Practise.

For the information and benefit of those who look forward to the study of medicin and who desire to know what a medical career has to offer, the *British Medical Journal* has for some years devoted one entire issue, publisht coincidently with the opening of the medical schools of England, to a general review and discussion of the subject of medical education and of the general conditions of the medical profession in the British Empire. In its annual educational number (September 10, 1910), the prospects which the profession of medicin has to offer to new entrants in England are set forth in a particularly gloomy and depressing manner. We are satisfied, however, that the pessimistic standpoint from which the subject is viewed by our British contemporary is not at all exaggerated; and moreover, we believe that conditions are little if at all more encouraging in our own country. It is frankly stated that the profession of medicin at the present time is a desirable career for only two classes of men; those who like work of a scientific kind and are independent of its financial income, and those who have such a leaning towards the occupation of medical men that they are prepared to content themselves with a bare living; that is to say, with incomes which are so low that their possessors find a difficulty in paying their way as members of an ostensibly well-to-do section of society, and which are much less than those commonly resulting from occupations far less exacting in the demands they make on brains, energy, and time. This state of affairs is explained fully, and many reasons are given for it, all of which exist as evidently in this country as in England. It is shown that physicians have increast in numbers at a much greater proportionate rate than has the general population, so that there are now many less possible patients to each doctor than was formerly the case; it is further shown that preventiv medicin has done much to prevent disease, and that modern methods of treatment have done so much to shorten the duration of most diseases that there is much less sickness now than formerly, and that each patient requires less medical attention. The lowered birth-rate is also mentioned as one of the causes which has reduced the work of medical men. In addition there is mentioned the enormous increase in the sale of quack remedies of all kinds, the growing tendency among many people to pin

Digitized by Google

their faith to irregular and unscientific methods of practise, the growth of badly paid club practise, hospital and dispensary abuse, and counter prescribing of druggists, and the tendency which is the result of increast competition among medical men, to lower their fees and to under-bid each other. All of this, of course, means smaller incomes for physicians, while at the same time taxes and living expenses of all kinds are steadily increasing. In the face of these conditions, which are by no means exaggerated, the young man of slender means may well hesitate before he enters the long, difficult, and expensiv course of training which is to prepare him to enter the most arduous and the most under-paid of all the professions.

What can be done to alter this condition of affairs and to improve the circumstances of medical practise? To us the answer seems very plain. We must have fewer doctors and better doctors. This is an affair which must be regulated by the medical schools. The recent report of the Carnegie Foundation for the Advancement of Teaching pictured most clearly the deplorable conditions of medical education in many parts of this country; conditions which surely do not make for either fewer or better doctors. We must have not only increast requirements for admission to our medical schools, but longer terms of study after admission before a degree in medicin is given. Furthermore, the clinical and laboratory facilities of our medical schools must be greatly increast.—*Editorial in St. Paul Med. Jour.*

Simplification of Materia Medica Examinations.

REPORT OF THE COMMITTEES ON MATERIA MEDICA OF THE NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS AND OF THE COUNCIL ON MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION.

With a view to fostering a more thoro knowledge of the really important drugs, the National Confederation of State Medical Examining and Licensing Boards, at its last meeting in Atlantic City, June, 1909, authorized the appointment of "a committee of three, to confer with the Council on Medical Education of the American Medical Association and to compile and to report to this Confederation a list of the more important drugs and their preparations, to which the examinations of the constituent boards may be confined, this list to be published in *The Journal* of the American Medical Association as with the approval and endorsement of the Confederation."

In accordance with these instructions, the two committees have conferred by correspondence, and herewith submit a list as requested. Since the instructions of the committee of the Council on Medical Education applied only to the drugs generally used by the profession, it was not deemed advisable to prepare at this time an official list for examinations in homeopathic materia medica.

In presenting to you the official list of drugs for state board examinations in materia medica, we wish to emphasize the fact that it will accomplish its purpose most effectivly if the individual state boards will publicly record their intention of confining their examinations to this list. The chairman of either committee will be glad to receive such assurance.

For the Confederation:

M. G. MOTTER, *Chairman.*
J. C. GUERNSEY.
GEORGE MACDONALD.

For the Council of Medical Education:

TORALD SOLLMANN, *Chairman.*
BERNARD FANTUS.
EGBERT LE FEVRE.

OFFICIAL LIST OF DRUGS FOR STATE BOARD EXAMINATIONS IN MATERIA MEDICA.

The following list has been framed with the view of including only those drugs which are commonly conceded to be practically indispensable in the general practise of medicin and as many preparations as are needed to bring these into play.

It does not aim to contain all the drugs which are of some interest or even of some importance, but, as has been said, only those which are indispensable. The others can scarcely be deemed fair subjects for license examinations. Their selection, for purposes of instruction, may be safely left to the individual teachers, who, if they wish, can obtain suggestions in the list of the Committee of One Hundred of the Council on Medical Education of the American Medical Association.

The drugs marked with an asterisk (*) are introduced for their toxicologic importance.

LIST OF DRUGS AND PREPARATIONS.

FLAVORS:	
Syrupus	Elixir Aromaticum
Syrupus Glycyrrhizae	Spiritus Menthae Piperitae
Aqua Menthae Piperitae	
LOCAL IRRITANTS:	
Sulfur Lotum	Acidum Tannicum
Ichthyolum	Oleum Terebinthinae
Tinctura Iodi	Copaiba
Liquor Iodi Compositus	Oleum Santali
Iodoformum	Ceratum Cantharidis
Aqua Hydrogenii Dioxidi	Aloe and Aloinum
BITTERS, VEGETABLE CATHARTICS AND ANTHELMINTICS:	
Tinct. Gentianae Comp.	Resina Podophylli
Syrup Rhei Aromaticus	Pulvis Jalapae Comp.
Fldext. and Arom. Fldext. Rhamni Purshianae	Oleum Ricini
	Oleum Tiglii
	Oleoresina Aspidii
Santoninum	Pelletierinae Tannas
Thymol	
EMOLLIENTS AND PROTECTIVS:	
Oleum Olivae	Adeps Lanae Hydrosus
Glycerinum	Acacia (and mucilage)
Petrolatum (also Album and Liquidum)	Collodium flexile
	Oleum Morrhuae (and Emulsum)
Oleum Theobromatis	
Adeps Benzoinatus	Pepsinum
ALKALOIDAL DRUGS:	
Strychninae Sulfas	*Nicotina
Tinctura and Extr. Nucis Vomicae	Homatropinae Hydrobromidum
Caffeina Citrata	Pilocarpinae Hydrobromidum
Theobrominae Sodio-Salicylas	Physostigminae Salicylas
Opii, Pulvis, Extr., Tinct., and Tinct. Camph.	Apomorphinae Hydrochloridum
Pulvis Ipecac et Opii	Ipecacuanhae Pulvis, Fldext. and Syrupus
Morphinae Hydrochloridum	Aconiti Tinctura and Aconitine
Codeinae Phosfas	
Cocainae Hydrochloridum	Quininae Hydrochloras and Sulfas
Fldext., Extr., and Tinct. Belladonnae	Tincture Cinchonae Comp.
Atropinae Sulfas	Fldext. and Ext. Colchici
Scopolaminae Hydrobromidum	Colchicin
BENZOL DERIVATIVS:	
Acetphenetidinum	Phenol and Phenol Liquefactum
Acetanilidum	
Sodii Salicylas	Resorcinol
Phenylis Salicylas	Creosotum
BIOLOGIC PRODUCTS:	
Epinephrin	Serum Antitetanicum
Gland. Thyroideae Siccae	Vaccina Variolae
Serum Antidiphtheriticum	
HYDROCARBON NARCOTICS:	
Alcohol (and Sp. Frumenti and Sp. Vini Gallici)	*Carbon Monoxid
	Chloralum Hydratum
Aether	Sulfonmethanum
Chloroformum	Liquor Formaldehydi
Nitrogen Monoxid	Hexamethylenamina
NEUTRAL PRINCIPLES:	
Digitalis, Pulv., Infus. and Tinct.	Strophanthinum
	Ergotae Fluidextr. and Ext.
Strophanthi Tinct.	
SUNDRY:	
Spir. Camphorae (and Linim.)	Amylis Nitris
	Oxygen
*Acid Hydrocyanic. Dil.	*Carbon Monoxid
Spir. Glycerylis Nitratis	
SALINES:	
Sodii Chloridum	Potassii Bromidum and Sodii Bromidum
Magnesii Sulfas	
Liquor Magnesii Citratis	Potassii Iodidum
Sodii Phosfas	Potassii Acetas
Saccharum Lactis	Potassii Chloras
Ammonii Chloridum	Potassii Permanganas
Calcii Chloridum	Sodii Boras
ALKALIES AND ACIDS:	
Aqua Ammoniae (and Aromatic Spirit)	Creta Preparata
	Liquor Calcis (and Lin.)
Ammonii Carbonas	Acid Hydrochloricum Dil.
Sodii Bicarbonas	Acidum Boricum

Digitized by Google

METALS:

Arseni Trioxidum	Zinci Sulfas
Liquor Pot. Arsenitis	Ung. Zinci Oxidi
Antimonii et Potas. Tart	Hydrargyri Massa and Ungent.
Bismuthi Subcarbonas and Subnitr.	Hydrargyrum cum Creta
Ferrum Reductum	Hydrargyrum Ammoniatum
Pil and Massa Ferri Carbonatis	Hydrargyri Oxidum Flavum
Syr. Ferri Iodidi	Hydrargyri Chloridum Corrosivum
Tinct. Ferri Chloridi	Hydrargyri Chloridum Mite
Alumen	Hydrargyri Iodidum Flavum and Rubrum
Argenti Nitras	
Cupri Sulfas	
Plumbi Acetas	
Phosforus	

—*Jour. A. M. A.*

[Here is an easy review of your materia medica. Do you agree with it? How does this list agree with the requirements of your practise?—ED.]

Perfected Oxygenor King.

W. A. PUCKNER AND L. E. WARREN.

A decade ago Dr. N. C. Morse, of Eldora, Iowa, called attention to three mechanical frauds which he had investigated and which were being exploited for the cure of disease. These instruments were known, respectivly, as the "Electropoise," the "Oxydonor Victory" (Fig. 1), and the "Oxygenor King" (Fig. 2).

The "Electropoise" consisted of a metallic cylinder, called "Polizer," 3½ inches in length and weighing about 5 ounces, to which an uninsulated cord was attached. To the distal end of the cord a small disc was attached and by means of an elastic band and buckle the disc could be fastened to the wrist or ankle of the patient. On sawing into the "Polizer" it was found to be hollow and empty. The price of this instrument was $10.

The "Oxydonor Victory" resembled the "Electropoise" very closely. Its cylinder, called the "Vocor," was composed of brass, was 2⅝ inches in length, and its weight was about 5 ounces. Inside the cylinder a stick of carbon, such as is used by electricians, was found sealed at either end by sealing wax. The price of this appliance was originally $35, but at the time of Dr. Morse's investigation it could be purchased for $10.

The "Oxygenor King," while similar in a general way to the other instruments, was somewhat more complex. It consisted of a brass cylinder 5½ inches in length and weighed 24 ounces, from each end of which an insulated cord extended, one terminating in a copper disc and the other in a disc of zinc, the discs being intended to be fastened to the limbs of the patient. On cutting into the cylinder of the "Oxygenor King," it was found to be filled with a mixture of powdered charcoal and sulfur. The price of "Oxygenor King" was $25 net cash.

WHAT THE COURTS SAID.

Nothing in the composition of any of these instruments could possibly generate the smallest quantity of oxygen, ozone, or electricity. Other than their influence as "faith healers" Dr. Morse concluded that none of them could have any "more medical virtue than a copper wire attached to a stove lid or a tin can filled with brimstone and charcoal." Dr. Morse also called attention to the fact that Dr. Hercules Sanche, the promoter of "Oxydonor Victory," had attempted to invoke the power of the courts to prevent the sale of the "Oxygenor King," but that the United States courts had decided that his instrument was not of sufficient value to entitle it to the protection of a court of equity. The matter was in the courts for some time, and when the case was finally disposed of, *The Journal* commented on the matter editorially in part as follows:

"The court stated that these and similar fakes cannot have the indorsement of the courts when the pretended inventor cannot make or refuses to make an explanation. The court admitted that reputable witnesses testified that when sick they used some of these devices, and that they were restored to health; but the court goes on to say that there is nothing to prove that this sequence of events is in the nature of cause and effect. He remarks: 'It would be just as reasonable for an Iowa farmer to say his barn was not destroyed by the last thunderstorm because there was a lightning rod on Mount Pisgah, as for a man to say that his restoration to health was brought about by the use of an Oxydonor or an Oxygenor.'"

THE OXYGENOR KING.

The "Oxygenor" is now called the "Perfected Oxygenor King." One of these instruments was recently examined in the Association Laboratory. In an advertising circular this apparatus is thus described:

"The Perfected Oxygenor King is a scientifically constructed instrument capable of curing all curable diseases without drugs, employing only the oxygen of the air.

"It consists of a metal cylinder, especially charged with a delicately adjusted but permanent combination of rare and costly metals, chemical agents, and conductiv elements, and called a generator."

From the description given in the circular it appears that the "generator" is a small nickel-plated cylinder, closed at each end by means of a screw cap. To each of the two caps an insulated wire several feet in length is fastened, terminating in a metallic plate—one a zinc plate to be fastened to the ankle of the patient, the other a copper plate for the wrist. A third wire, called a "force-controlling cord," joins the two others at a short distance from the cylinder and may be attached to the cylinder at one end of the several points by means of a screw connection.

HOW IT IS SUPPOSED TO WORK.

"The method of applying this instrument is simplicity itself. There is but one requirement, namely, that the generator be placed in a temperature thirty to sixty degrees below that of the body. This is done by placing it on a window-sill, on the floor, or in a basin of cool water.

FIG. 1.—This depicts the piece of metal tubing "invented" by Hercules Sanche and named the "Oxydonor." The claim was made that "it causes the human organism to thirst for and absorb the oxygen of the air." It was advertised to "quickly and infallibly cure" a list of diseases ranging from "headache" to "hydrophobia" and from "twitchings" to "tetanus." This fake sold for from $10 to $35.

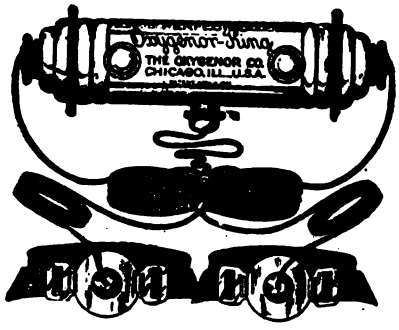


FIG. 2.—The "Oxygenor" is an elaboration of the "Oxydonor" fake. It, also, is supposed to "oxygenate" the simpletons who use it. Twenty-five dollars is askt for this piece of metal pipe filled with sand and sulfur.

FIG. 3.—The "Oxygenator" is the latest imitation of Sanche's original fake. It is just as worthless as the others and the claims made for it are even more viciously false. Twenty-five dollars and thirty-five dollars are askt for it.

"The patient then attaches the green cord to his ankle,

Digitized by Google

the red cord to his wrist, and sits down, reclines on a couch, or retires to bed.

"The instrument produces its curativ effects without further notice or effort on the part of the patient, and usually without any sensation of any kind whatever except the diffused, pleasurable feeling that comes with an increase in bodily vitality.

"Under certain circumstances, however, the patient will break out into a gentle perspiration, and for this reason he should be careful to avoid a draught.

"It is possible, also, that with the force-controlling cord at 'strong' he may experience some inconvenience. This can be remedied by attaching it to the weak connection, or 'G' post."

According to one portion of the circular the "instrument" has been designed "to control and adapt. . . . the force governing change," whatever that may be, and its curativ properties are claimed to reside in this power. In another part of the circular the reader is led to believe that disease is caused by imperfect power to absorb ozone thru the skin(!) and that the use of the "Perfected Oxygenor King" restores this deficiency, thereby enabling the organism to regain its normality. A list comprising the names of 121 diseases which the "Perfected Oxygenor King" is claimed to cure is given in the circular. Among these are epilepsy, heart disease, locomotor ataxia, scarlet fever, yellow fever, and pneumonia.

TESTIMONIALS—AS USUAL.

"We can furnish proof that its range of cures is from Headache to Paralysis, from Blood Poison to Change of Life, from Chickenpox to Varicose Veins, from Colic to Bright's Disease, from Malaria to Dyspepsia. In fact, practically the entire list of prevalent ailments is embraced in the record of cures."

In contrast to the above the following statements are also found in the circular:

"One of the most noteworthy features of the Oxygenor treatment is that the patient cannot possibly be injured or acquire a "habit" by its use. It is not only simple, durable . . . and manageable even by a child, but innocent . . . . It cannot injure or distress even the most delicate infant."

While the circular advertising the "Perfected Oxygenor King" is on the whole a jumble of distorted facts, meaningless phrases, and baseless assertions it still seems worth while in view of the absurd claims made to examin the contents of one of the instruments.

WHAT IT CONTAINS.

The material examined (taken from the "generator") was a dull, bluish-green, odorless powder. It was made up of irregular sized particles, ranging from coarse to fine. Qualitativ tests demonstrated the presence of sulfur in the free state and of sand, both in considerable quantities. Small quantities of lead carbonate (white lead), free carbon (charcoal), a few particles of brass, and traces of iron were also present.

Quantitativ examination indicated that the composition of the material is essentially as follows:

	Percent.		Percent.
Sulfur	66.85	Moisture	0.12
Sand	29.82	Brass	0.19
Lead carbonate	1.64	Iron	trace
Charcoal	0.90		
Total			99.52

The examination shows that the "rare and costly metals" consist of none more expensiv than copper, lead, or zinc, and that the other "chemical agents" (which comprise 97 per cent. of the whole) consist of sulfur and sand in the proportion of 2 to 1.

An examination of the cylinder from which the sulfur-sand mixture was taken reveals a curious situation. While all of the wires connected with the instrument are carefully insulated, these wires and the screw posts are all attached to the surface of the brass cylinder without insulation from each other. The cylinder then, with its complex of three screw posts and "force-controlling cord," amounts to nothing more than an enlargement in a conductor. In effect it is as tho insulated wires were soldered on opposit sides of a tin pail, or, to use Dr. Morse's illustration, on opposit sides of a stove lid.

The examination of the "Perfected Oxygenor King" shows that it could not possibly generate the smallest quantity of oxygen or ozone and that it could not produce or induce any electric or magnetic phenomena whatever. Despite the emphatic statements of the exploiters (in the advertising circular) to the contrary, the only possible therapeutic effects are those easily referable to the element of suggestion.—*Jour. A. M. A.*

Fruitola.

OLIV OIL AND SEIDLITZ POWDERS AS A FAKE GALLSTONE CURE.

The quack and the exploiter of "patent medicins" revel in the spectacular; any unusual property possest by a drug, whether as a physical characteristic or in pharmacologic action, is quickly utilized by the nostrum vender for his financial profit.

For years an enterprising faker who advertised a "cure" for Bright's disease sent out small vials—free—containing a weak solution of silver nitrate. The victim was instructed to make a "uranalysis" by adding the contents of the vial to a small quantity of his urin. "If a white precipitate follows," wrote the quack, "you have Bright's disease!" As the chlorides naturally present in every urin caused a precipitate the layman was duly impresst with his dangerous (?) condition and bought the "cure."

Another bright mind took advantage of the physical properties of an acidulated solution of quinin sulfate. This solution, as all physicians know, has a very decided fluorescence, and the somewhat uncommon appearance was described by the medical faker to radium. This "radium solution" was sold at an outrageously high price as a "sure cure" for cancer.

For many years the kidney disease "curer" has taken advantage of the power of methylene blue to color the urin of the person taking it, and no doubt thousands of laymen ignorant of this property have been frightened by its use in believing that the integrity of their kidneys was seriously impaired.

Of more recent origin is what may be called the "fake gallstone trick" which is now being industriously worked in many parts of the country. Originally operated by traveling fakers, it has lately been adapted to the exigencies of the "patent medicin" industry. The principle on which this fake depends is the well-known fact that in giving a patient massiv doses of some bland oil will result in the passing of soapy concretions. These lumps, greenish in color and of varying sizes, are easily mistaken by the laymen for "gallstones."

There are several modifications of this "gallstone cure" fake, but the most widely advertised is that sold by the Pinus Medicine Company, of Los Angeles, under the name "Fruitola." It is usually exploited in connection with another nostrum—"Traxo"—put out by the same concern. Many physicians have written to *The Journal*, telling the experiences of some of their patients who had taken "Fruitola" for the "removal of gallstones." The following from Dr. James C. Gill, of Chicago, is typical:

"I am sending an advertisement of a 'patent medicin' called 'Fruitola,' which has been extensivly advertised for some time. The fraudulent character is so evident that it is a great imposition on the public to allow such a fraud to be perpetrated. I am also sending what they claim to be able to rid the system of, namely, 'gallstones' (?).

"One of my patients, a young woman, took the contents of this bottle, as well as the powders, which accompany the liquid as part of the treatment. Several hours after taking the medicin there were several painful evacuations, in which there appeared a large number, probably two dozen or more, small greenish masses about the size of an ordinary garden pea. The young woman was very much frightened. Thinking that they were really gallstones and that she was in a serious condition."

Of course, the "gallstones" were simply soapy concretions that usually follow the administration of massiv doses of oil.

"Fruitola" consists of an 8-ounce bottle of oil and six powders, four of the latter being in blue papers and two in white. The following directions are given on the bottle:

"At 3 o'clock in the afternoon, dissolve the contents of two blue papers in a half glass of water, add the contents of one white paper and drink. At bed-time squeeze a little lemon juice into a glass, pour in the contents of the bottle, squeeze a little lemon on top and drink at once. Keep a little lemon near in case it shows a tendency to rise.

"As early as possible in the morning take the rest of the powders. When the medicin operates use a vessel partly filled with water, pour in more water or stir the contents, and the gallstones will float on top in the shape of dark green lumps, varying in size from a pin head to a hickory nut, in bad cases even larger."

To determin the character of the oil and the composition of the powders an analysis of "Fruitola" was made in the Association laboratory. The chemists' report follows:

LABORATORY REPORT.

An original package of "Fruitola" purchast on the open market was submitted to the Association laboratory for examination. The carton contained besides the bottle two sets of powders, one set wrapt in white, and the other in blue paper.

The bottle contained a transparent amber-colored oil, having an odor of anise and a bland taste. From its physical properties and chemical composition it was concluded that the substance was oliv oil, flavored with a trace of anise.

The powder in the white papers was subjected to chemical tests, and found to be tartaric acid. The

identity of the constituents and their quantitav estimation indicated that the powder in the blue papers was a mixture of approximately one part sodium bicarbonate and two parts Rochelle salts—sodium potassium tartrate.

From the foregoing it is concluded that the liquid portion of "Fruitola" is oliv oil flavored with anise, while the powders accompanying the liquid are the well-known seidlitz powders.

CONCLUSION.

Here, then, we have the fake in a nutshell. Oliv oil and seidlitz powders. That this combination will produce a good imitation of what the average man imagines to be gallstones is undoubtedly a fact. A thoro cleansing of the intestinal tract by means of laxativs not too drastic in action will produce a temporary feeling of well-being in a person who is chronically constipated, and this fact alone should make it easy for the exploiters of "Fruitola" to get all the "testimonials" they want.

That persons should be mulcted of a dollar, however, for the privilege of having their bowels moved and being made into a peripatetic soap factory may seem humorous—but it is an outrage nevertheless. To such as wish to make the experiment—and it is one that is by no means free from danger in all cases—we would suggest the following procedure as equally efficacious and much less expensiv: Buy 20 cents' worth of oliv oil and a nickel's worth of seidlitz powders. You then have all the paraphernalia necessary for the production of home-made gallstones. All that is required is to take the oil and powders and then practise watchful expectancy. The expected will happen.—*Jour. A. M. A.*

Odol.

A correspondent asks for the formula of "Odol," a somewhat expensiv English toothwash. It is advertised to an enormous extent in Great Britain, but has not as yet been given any great degree of publicity in this country. It has been claimed that the preparation is a by-product of the salol factories, tho this has been denied. Formulas representing the results of various analyses have appeared in German pharmaceutical journals, and the following by Aufrecht, is from Hager's *Handbuch der Pharmaceutischen Praxis*, Ergänzungsband, Ed. 1908.

Alcohol	89.00 per cent.
Water	8.00 per cent.
Menthol	2.00 per cent.
Saccharin	0.05 per cent.
Peppermint oil	0.05 per cent.
Clove oil	0.10 per cent.
Salol-like substance	0.05 per cent.

—*Jour. A. M. A.*

Secret Cures for Inebriety.

In this country there are two classes of cures more or less prominent. One is administered in special institutions by a physician at stated times. The other is sent by mail and given secretly or openly to the patient by his friends.

The former is most popular in this country. At one time there were over a hundred so-called institutions in existence, where secret drugs were administered, but lately the number has diminisht to a very great extent, and probably not more than twenty-five or thirty such places are in activ service to-day.

Secret drugs sent by mail are comparativly few, and their prosperity is undoubtedly limited. Recently the British Medical Association publisht an analysis of four of these drugs which seemed to be very popular, and at least are very widely advertised.

We give a summary of this analysis, which no doubt resembles some of the drugs sold in this country. The Coza Powder is the name of one of these drugs which is claimed to produce a rapid and positiv repugnance to all use of spirits.

It can be given secretly and the victim will soon give up all use of alcohol, and in a very few days become a strong temperance man and never resort to whiskey again.

A book filled with startling statements and testimonials of persons who have been cured accompanies the powder, and very minute directions are given concerning its administration in coffee, tea, water, milk, beer, whiskey, brandy, or solid foods, without the partaker's knowledge.

Claims are made that thousands of persons are made temperate. The powder is put up in boxes and contains by analysis bicarbonate of soda 90 parts, cinnamon 5 parts, and cummin 5 parts. The latter is a fruit extract. The cost of this is less than two cents, and it is sold for $2.50, and two boxes are guaranteed to cure.

Another preparation called Dipsocure is also a powder, is tasteless, odorless, and is given secretly, and guaranteed to destroy the taste for alcohol and restore the patient to health. A book giving testimonials, and explaining with great minuteness its action on the body, is presented.

The analysis shows that the powder contains acetanilid, potassium bromid, and sugar of milk, the cost of which is about two cents, and this is also sold for $2.50 per box, and three boxes of powders are guaranteed to cure, and where taken all at once are given a slight discount.

Another powder called Antidipso can be given without the knowledge of the patient, and is an absolute cure in every case, no matter what the conditions may be. A book of statements, testimonials, goes along with the powder and positiv assurances of the tremendous success that follows every administration.

There are two kinds of powders given. One of white and the other colored, and minute directions as to how they are to be given, so that one will help the other.

The analysis shows that they are both potassium bromid and sugar of milk in different proportions, and the cost is the same, $2.50 per box, and their value is about two cents per box.

A fourth treatment is in the form of a liquid, and called Teetolia, and is administered by a physician who wants particulars of the patient's history who is to use the drug. A blank form is sent to be filled out, and with this a book giving advice, and describing the great virtues of the drug, and offering it free to any one who would like to make the experiment, but first they must send the cost, which is about $5, then if no results follow the money is returned.

Great minuteness as to the method of treatment and the results which will follow are detailed in a booklet which is mailed with the "cure." Analysis shows that the liquid contains 29 per cent. of alcohol and some vegetable alkaloid, both quinin and quassia, the cost of which is a very few cents.

It is a matter of wonderment that these "cures" are so widely advertised, and evidently are very prosperous and bring a large revenue to their promoters.

In this country a dozen or more similar products are advertised claiming the same results, but the place of manufacture and their promoters are difficult to locate, and they are evidently not prosperous to the extent of having a permanent residence.

Post office detectivs are very likely to discover their fraudulent character and stop their circulation thru the mail. Within the last year or so, two or three of these cures have become much bolder than the others and advertise very widely.

In Germany and France there are many of these cures circulated, and seem to be prosperous. In some way they evade the law and continue in

business. In this country quacks of this class open homes, and administer their drugs without molestation.—*Jour. of Inebriety.*

Iodin, in solution of 1 to 500; sulfocarbolate of zinc, 1 to 80; a saturated solution of boric acid; and chlorid of zinc, 1 to 15; are good solutions to keep on the dressing table or to carry in the emergency satchel. They may be used for wound cleansing, or for a variety of purposes which will suggest themselves to those doing much wound dressing or emergency surgery.

BOOK REVIEWS.

PRACTICAL PHARMACY FOR PHARMACISTS AND PHYSICIANS. A Text-Book for Students in Medicin and Pharmacy. By Birdsey L. Maltbie. Publisht by Physician's Drug News Co., Newark, N. J. Price, $3.

Contains 419 pages and an index. All thoughtful students have felt the need of a work like this when they were wading thru voluminous texts without ability to comprehend what was essential and important and what was theoretical or rarely needed. Only the essential and important is included here, and the terseness emphasizes every salient point. The contents are easily mastered, and he who commands this is already a pretty fair pharmacist. Every dispensing physician needs this book for almost constant reference, and every prescribing physician would add to his prestige by consulting it habitually. It has all the pharmacy the physician needs, and it is presented in a manner which makes it instantly available for practical use in daily practise. The processes of evaporation, filtration, percolation, crystallization, dialysis, etc., are explained in detail, and the technic of putting them in effect is illustrated with the apparatus employed. Galenical preparations are described, and their uses and doses given. Acids, salts, and metals have full attention; alcohol, coal-tar products, alkaloids, oils and fats, petroleum products, and vegetable drugs are well described; volatil oils, animal products, glucosides, and fixt oils and fats receive all the space necessary. Incompatibility is thoroly classified, explained, and plain directions given whereby it may be avoided. The practician who does without it will miss much, and its regular use will smooth the path of the student.—A. L. R.

THE DIAGNOSIS OF SMALLPOX. By T. F. Ricketa, M.D., B.Sc., M.R.C.P., D.P.H., Medical Superintendent of the Smallpox Hospitals and of the River Ambulance Service of the Metropolitan Asylums Board, London. Illustrated from photografs by J. B. Pyles, M.B., B.C., F.R.C.S., D.P.H., Senior Assistant Medical Officer of the Smallpox Hospitals of the Metropolitan Asylums Board, London. Publisht by Funk & Wagnalls Company, New York, N. Y., 1910. Price, $6.

Contains 147 pages of text, and an index. It has 12 colored plates, 110 black and white illustrations in plate style, and 14 charts. The subject is of supreme importance and demands exhaustiv treatment, and the author has handled it superbly. The distribution of the eruption, to which no great attention is paid here, is elevated as a diagnostic criterion to one of the leading positions; this is justified by an experience in thousands of cases extending over fifteen years. Every doctor in practise needs this book, for very few physicians who have never passed thru a smallpox epidemic are competent to make a diagnosis of smallpox. The writer has seen a representativ of a state board of health posing as an expert, glibly diagnose case after case of impetigo contagiosa as smallpox and follow it with quarantine. Such disgraceful ignorance is inexcusable, yet many thousands of our best physicians may commit such an error any day. This is the best book we have ever seen on the subject; the statements are so clear that they cannot fail to be understood; the plates and illustrations are superb; the teaching is authoritativ and complete; and the information is abreast of the latest knowledge. Every skin disease that could possibly be confused with smallpox is given due attention, and minute details on differential diagnosis are supplied. Distribution, diagnosis by distribution, the lesion, the eruption and eruptiv fever, modified smallpox, secondary character of the eruption, the toxemic fever, toxemic rashes, hemorrhagic symptoms, hemorrhagic or toxic smallpox, simple and symptomatic erythema, chickenpox, syphilis, dermatitis, and vaccination a factor in diagnosis, are the subjects of the chapters. No one using this book should be confused as to the diagnosis of any case of smallpox.—A.L.R.

RADIUMTHERAPY. By Dr. Louis Wickham, Physician in St. Lazare, Paris; formerly Chief of the Dermatological Clinic of the Medical Faculty of Paris; Laureate of the French Academy of Medicin, and Dr. Degrais, Chief of the Laboratory in the Hospital of St. Louis, Paris, and Laureate of the French Academy of Medicin. Translated by S. Ernest Dore, M.A., M.D., M.R.C.P., with an introduction by Sir Malcolm Morris, K.C.V.O., one of the Physicians to King Edward VII. Profusely illustrated with 20 colored plates and 72 figures in text. Publisht by Funk & Wagnalls Company, New York, N. Y. Price, $5 net.

It has 302 pages and an index. The plates are of a high degree of merit as teaching points, but are not naturally colored. It is well suited to general practician or specialist, giving all information relativ to radium and its uses. Wickham defined an epoch in medicin by his work with radium, and his greatest glory is his conservatism in the face of his victories. He leaves reckless enthusiasm to those who know less of their subject; and while insisting on the great value of radium in selected cases, he warns that its limitations are many and not yet clearly understood. He reports cases, telling just how he employed the agent, and gives pictures of the patient before and after treatment, even picturing their condition after lapse of considerable time. Any reader may determin whether radium promises anything for a given case in his hands by studying the text and illustrations. Wickham hopes for much by internal administration of substances made radioactiv. The present knowledge concerning methods of application, percentages of successes, indications and contraindications, is fully and concisely detailed, and the work cannot but materially add to the general information upon the subject as well as redeem radium from the ill repute which has threatened it in the minds of many physicians.—A. L. R.

Charts on Dislocations.

Battle & Co., of St. Louis, have just issued No. 13 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

Digitized by Google

OUR MONTHLY TALK.

The election is over, and as I write these lines Thanksgiving day is nearly here. We have all read numerous and conflicting opinions concerning the election results—and this is always true, and will continue to be true until we have Direct Legislation, by which the voters can register just what they mean, so that there can be no mistaking their sentiments. After the many attempts to analyze the results, which we have all read in the newspapers and magazines, I hesitate to offer another; but it has been intimated to me that I am expected to do so in this Talk, so your patience is solicited.

It has been called a "democratic landslide"; I suppose because the lower house of Congress has been changed from republican to democratic, with some significant changes in the Senate. But if we look over the field we see that the insurgent republicans are by no means without consolation. New Hampshire went insurgent republican, whereas if the insurgents had not won in the primaries, and hence if the contest had been between stand-pat republicanism and progressiv democracy, the result would probably have been a democratic victory, as in Maine in September and Massachusetts in November. The same thing is true in varying degrees in Connecticut, New York, New Jersey and Ohio. In these states there was practically no insurgent movement, and hence it was easy for the voters to rebuke stand-patism. The insurgency of Roosevelt in New York was nothing compared to the real article in the West. If it had been, the result might have been different. Roosevelt has always been a straddler—a straddler with progressiv tendencies. He evidently felt that he could not do and say in the East what he did in the West. The time was when a man could vary his position to suit different portions of the country; but I think and hope that that time has passed. I think the time has come when the popular demand requires that a man shall be consistent, everywhere, East, West, North and South; that he shall be persistently consistent, and consistently persistent. I don't mean that he shall be consistent on any party sense, for parties wobble notoriously—that is, the republican and democratic parties. The only persistently consistent parties that we have ever had are the prohibition and socialist parties. A democrat or republican cannot hope to be consistent as to his party, but the demand now is that he be consistent as to his principles.

* * *

But to resume my attempt at an analysis of the election returns—always a difficult task as long as we continue our chaotic system of voting only for men and not for measures. After the above glance at the East, let us now proceed to the middle West. In Indiana the issue was sharply drawn between insurgent republicanism and progressiv democracy. Both of these movements deserve success, for they are essentially the same thing under different names. But when one is pitted against the other, which should succeed? I will venture that many conscientious voters in Indiana hesitated long between Kern and Beveridge. Now let us inquire which really deserved success over the other. More than 16 years ago, several years before Mr. Beveridge was sent to the Senate, he was making flamboyant republican speeches of the usual sort in those days, while John Kern, with Bryan and other progressiv party associates, was modernizing the democratic party. And it was years after Mr. Beveridge went to the Senate (on the 4th of next March he will complete 12 years in the Senate) before he began to "see the cat." After Mr. Roosevelt, as republican President, had been exploding bombs in the republican party for several years, Senator Beveridge began to get his eyes open. It is much credit to Senator Beveridge that he *did* waken up; and it is further to his credit that he had the courage of his new convictions, and has devoted his splendid talents to the defense of the same. But, when forced to choose between this late awakener, Beveridge, and the early riser, Kern, who has been working "lo! these many years" for progressiv democracy, which is essentially the same as insurgent republicanism, the latter being patterned after the former—between these two men, is it strange that the voters of Indiana preferred Kern? However, I do not think that they intended any rebuke to Beveridge. And there is another view to take: If Beveridge had remained stand-pat, he would have been defeated overwhelmingly; and I think he knew it. So the course he took was his best course, and I think he took it honestly. The close result was a compliment to him, tho a defeat. And again: If a democrat of the old Cleveland type had been pitted against him, Beveridge would have won overwhelmingly. So while it was a defeat for Beveridge, it was a victory for the principles for which he stood, but he took them up too late—his opponent was too far ahead of him.

The Indiana situation and result may be taken as a type which applies as a principle, but with many and great modifications as to men and conditions, to many other parts of the country. In Wisconsin La Follette won overwhelmingly, because he was the original insurgent—the originator of insurgency in the republican party; there was no democratic competitor in his state that could "hold a candle" to him for early and persistent progressivness.

If I have succeeded in outlining the principles that seem clear in my mind, you can apply them to the results in most of the other states and get some satisfaction from them, or at least some understanding of them. And I want to say this further concerning Roosevelt and Bryan, two leaders against what is embodied in stand-patism in the republican party: It is well known that Roosevelt has robbed Bryan's chicken-coop almost to the last feather, for progressiv principles. It is also well known that Bryan got his chickens from the populists; but he always treated both the chickens and their former owners fairly. I think that Nebraska is the only state in which the populists still have a state organization that is a political factor of any importance. Here is shown one wide difference between Bryan and Roosevelt. Another is that Bryan never went about the country saying one thing in one section and another in another section. Yet Roosevelt has posed as the bold man with great courage!

Digitized by Google

And in the last campaign he posed as an insurgent in the West, went to Massachusetts to help stand-pat Lodge, he wrote encouragingly to a stand-pat candidate in Washington state, and his New York platform had very little if any insurgency in it.

Returns That Mean Something.

Now let me turn to election returns that *mean* something. They come from one state in particular—Colorado, the state in which the voters had the privilege this year of voting on an Initiativ and Referendum amendment to the state constitution. The returns from Colorado on this question have been of greater interest to me than anything else in the recent election, for the issue of the greatest importance centred right there. As usual, the corporations and the saloon interests made a hard fight against the amendment, and a part of the time our good friends there were worried and frightened. But not for one moment did I lose my faith in the progressivness and good sense of the people of Colorado, and I wrote encouragingly to our good and able D. L. friends there, but at the same time I counseled them not to relax for one moment in their *work* for the amendment.

After the election I searcht the papers for days in vain for news from Colorado. The newspapers are not discerning regarding the relativ importance of election news. I was reminded of the old populist days, when populist election news "came by freight." The first news that reacht me was the following, from Dr. Persifor M. Cooke, of Denver:

DENVER, COL., Nov. 10, 1910.

MY DEAR DOCTOR:—Initiativ and Referendum won by a good big majority. No one knows the figures yet. I will send them when they materialize. The scratching, both in city and state, was unprecedented. The judge of election in a city precinct told me at noon to-day (Thursday) that they had only finished counting an hour or so before, sitting continuously since 7 a. m. Tuesday. That the republicans had 9 straight votes, the socialists 10, and the democrats 12. The rest (some 350) had all been scratched, and there were 210 names on the ticket and four constitutional amendments.

Do we need modern methods? Well, I guess yes. Machine balloting. But there is something in it for the politicians to prevent it. We voted to have them three or four years ago, and are awaiting the permission of the commissioners. Rejoicingly, P. M. COOKE.

The Doctor inclosed a clipping which gave Denver's vote on the Initiativ and Referendum amendment, which was: for, 19,532; against, 9,046.

Later the same day (Nov. 16th), I received the following letter from John H. Gabriel, the devoted and able President of the Direct Legislation League of Colorado:

DR. C. F. TAYLOR; MY DEAR DOCTOR:—Victory is ours in Colorado, not less than three to one, probably; I think the majority will mount up to 20,000 to 25,000, and perhaps more than that. A vigorous fight was made by the various interests, but we won out. As soon as I can get the complete returns from the counties will send to you the vote. I send you a copy of the amendment as adopted.

Many splendid men rallied to our support. It would be impossible to name all, but among the chiefest were Judge Ben B. Lindsey, ex-Governor Charles S. Thomas, ex-United States Senator Frank J. Cannon, Governor John F. Shafroth, and Mr. George Creel, who was on the Denver *Post* and who leaves there now for the *American Magazine*.

I trust that the good fight will go on, and that we will hear as good news from Nevada as you have from Colorado. I cannot quite understand why no one has mentioned the fact that an Initiativ amendment was being submitted in Nevada; such, however,, is the case, and a good measure at that. Look it up, will you not?

Yours for the cause, JOHN H. GABRIEL.

Yes, I had overlookt Nevada, not being in touch with anyone there. Will some Nevada brother volunteer to come forward and give us the news?

Now for Oregon—but I have very little definit news from that remarkable state as yet. The people of that state are in full process of making their own laws when it suits them to do so. In this election, they voted on 31 measures. A letter from there tells me that in some sections of the state the returns have to travel as much as 100 miles on horseback before reaching a railroad; hence the delay. I had a talk with Senator Bourne, Nov. 18th, and he told me that the call for a constitutional convention (which was the method by which the conservativs hoped to do away with the Initiativ and Referendum) was overwhelmingly defeated. That was one of the chief things that I was interested in. I felt certain that the people of Oregon would resist any attempt to take real self government away from them, and so they did. I can give further particulars next month, and full details will be given in January "Equity"—*wont* you subscribe for it? See special price to you in last month's Talk.

LYSANDER, N. Y., Nov. 14, 1910.

DEAR DR. TAYLOR:—I'm getting the intelligent people in this burg interested in the Initiativ, Referendum, and right of Recall. If you get them, the rank and file will follow. For inclosed stamps, send *Equity* to Professor Arnold, Lysander, N. Y. Begin with this number.

Very sincerely, F. P. SINCLAIR [M.D.]

SALMON, IDAHO, Nov. 9, 1910.

DR. C. F. TAYLOR; DEAR DOCTOR:—I herewith inclose you fifty cents in stamps to pay for a year's subscription to *Equity*. I am in full accord with your political ideas, and have always loyally supported W. J. Bryan.

From the recent great landslide in the East to the democratic party, I judge the "interests" have returned to the democratic party, and doubtless Harmon, of Ohio, will be the next democratic candidate for president; but from him the people cannot hope for much, if any, relief. I believe the time is ripe for the formation of a new political party, composed of the Bryan democrats and insurgent republicans.

Continue the fight for good government. The people will surely get their eyes open by and by. Yours truly,

W. C. WHITWELL [M.D.].

This winter will see great activity in the promotion of Direct Legislation by means of the Initiativ, Referendum and Recall. The following states are virtually sure to pass a constitutional amendment of this sort (similar to that of Oregon and Colorado), for submission to the voters of these states two years hence: Wisconsin, Nebraska, Kansas and Washington; and such action is probable, but not so certain, by the legislatures of California, Illinois, Iowa and Minnesota; and possible in some other states, as Massachusetts. Doctors in all these states, and all other states, are askt to help this movement by using their influence with their legislators. This is the "paramount issue," and will continue to be everywhere, until it is accomplisht.

Congress.

The newly elected Congress will have some unusual and interesting features. In this connection, read the following from Louis Post's *Public*, of Chicago:

Among the new congressmen is Henry George, Jr., of New York, a free trader and a single taxer, who would leave no vestige of protection or land monopoly

(*Continued over next leaf.*)

Digitized by Google

Auto-Intoxication,
Excess of Uric Acid,
Prompt and Thorough
Elimination.

Tongaline
MELLIER
ANTI-RHEUMATIC
ANTI-NEURALGIC

Samples by mail or
Express Prepaid.
Mellier Drug Company,
St. Louis.

A PRACTICAL MEDICAL MONTHLY

THE MEDICAL WORLD

$1.00 A YEAR
SINGLE COPIES
10 CENTS

DECEMBER
1910
CONTENTS ON PAGE xv

1520 CHESTNUT STREET PHILADELPHIA PA.

610.5
M5
W9

JUST READY

Mumford's The Practice of Surgery

DIFFERENT FROM OTHER SURGERIES

This surgery is in every sense of the word a *clinical surgery*—a surgery for the bedside, the accident ward, the operating-room. It is the direct expression of those methods resulting from twenty years' experience in active hospital and private practice, and as such meets the needs of the practical surgeon and practitioner better than any other surgery. It is really an exposition of Dr. Mumford's own methods and technic — a *personal surgery*. Only one operation is given for each condition, and that the one the author's experience has convinced him is the best. The illustrations are superb; nearly all of them are original.

Octavo of 1015 pages, with 682 original illustrations. By JAMES G. MUMFORD, M.D., Instructor in Surgery at Harvard Medical School.
Cloth, $7.00 net; Half Morocco, $8.50 net.

W. B. SAUNDERS COMPANY, 925 Walnut Street, Philadelphia

Digitized by Google

Valentine's Meat-Juice

In **Hospital** and **Private Practice** during **Epidemics,** and **in their own persons,** when ill, **Physicians** have demonstrated the **Value** of **Valentine's Meat-Juice** in **Sustaining** and **Strengthening** the weakened **Vital Forces.**

Pneumonia *and* Influenza.

Samuel W. Burns, M. D., *Philadelphia, Pa.:* "I order VALENTINE'S MEAT-JUICE for patients almost every day. I have lived upon it for weeks myself, while convalescing from Pneumonia and I know of its great value."

Dr. Med. Franz Hering, *Court Counsellor, Leipzig, Germany:* "I first found an opportunity for trying the value of VALENTINE'S MEAT-JUICE in my own family, a member of which was ill with a severe nervous Influenza which lasted for months. The convalesence was greatly advanced by VALENTINE'S MEAT-JUICE. Loss of appetite and gastric troubles disappeared, and from day to day she gained in strength."

For sale by American and European Chemists and Druggists.

VALENTINE'S MEAT-JUICE CO.,
RICHMOND, VIRGINIA, U. S. A.

P 173

DOCTOR WHAT IS AKOUOPHONY?

Huston's Akouophone (pat'd Jan., '10), establishes a new principle in diagnosis. Normal sounds (chest, heart, etc.) made clear and distinct and can be intensified, *graduated and controlled as desired.* No other stethoscope has this feature. Subcrepitant and sibilant râles, feeble cardiac and haemic murmurs, ventricular lesions, acute pericarditis, *etc.*, can be heard *clearly.*

Huston's Akouophone excludes all autoadventitious sounds, *gives perfect contrast of sounds.* Makes sure of pathologic character and CLINCHES DIAGNOSIS. Vest pocket size; price $3.50 complete in handsome pouch.

Are PESSARIES of any Value?

Most of them do more harm than good.

The Huston-Baird's Uterine Supporter and Pessary combined, works from the shoulders and gives a comfortable *pneumatic* support that positively corrects procidentia, prolapsus, retroversion, cystocele, etc. — *no matter how bad the case.* Patient can adjust it herself. All its parts that support the genitalia are soft-elastic. No injury; no irritation; no discomfort. Price to physicians, $5.00. *Sold on a positive guarantee.*

Huston Brothers Co. sell at retail absolutely complete lines for physicians. Established 1887.

Huston Brothers Co., Atlas World Bldg., **Chicago, Ill.**

Local and General Anesthesia Ethyl Chloride (Gebauer's)

The most improved and economical tube for the administration of Ethyl Chloride on the market.

The most economical: *Because* it sprays the liquid in the form of a vaporized stream, thereby hastening evaporation and consequent anesthesia, using 1-10 the liquid used by other tubes. *Because* the ethyl chloride is put up in a metal tube that will not *leak* or *clog* and the liquid is guaranteed to maintain its purity indefinitely.

40 grm tube with ordinary spraying nozzle	$1.00
100 c. c. tube with ordinary spraying nozzle	1.60
Flexible spraying nozzle alone	.50
Graduated dropper	.50

The flexible nozzle and the graduated dropper will fit either size tube and can be used indefinitely.

Sent anywhere, safe delivery guaranteed, postage prepaid, upon receipt of price.

THE GEBAUER CHEMICAL CO., Sole Manufacturers
6951 Broadway, - - Cleveland, Ohio

Digitized by Google

The Physician's Visiting List for 1911

THE STANDARD FOR 60 YEARS

CONTENTS: Calendar, 1911-1912; Tables for Calculating the Period of Utero-Gestation; Signs; Incompatibility; Metric System of Weights and Measures; Conversion of Apothecaries' Weights and Measures into Grams; Treatment of Poisoning; Dose Table (official and unofficial drugs in English and Metric System); Asphyxia and Apnea; Comparison of Thermometers.—VISITING LIST: Ruled and dated pages, with blank page carrying amount, ledger page, and special memoranda columns.—SPECIAL RECORDS for Obstetric Engagements, Deaths, Births; Addresses of Patients; Nurses; Accounts Due, Cash Accounts General Memoranda.

POCKET SIZE

Regular Edition

Strong Leather Covers, with Pocket and Pencil, Gilt Edges.

For	25	Patients weekly		$1.25
"	50	"	"	1.50
"	50	"	2 vols. {January to June / July to December}	2.25
"	75	"	2 vols. {January to June / July to December}	2.25
"	100	"	2 vols. {January to June / July to December}	2.50

Perpetual Edition (Without Dates)

Bound in Red Leather, containing space for over 1,300 names, $1.25; for 2,600 names, $1.50.

Monthly Edition (Without Dates)

☞Requiring only one writing of patient's name for the whole month. Plain Binding, without Flap or Pencil, $1.00; Leather Cover, Pocket and Pencil, $1.25.

USE THE ATTACHED ORDER BLANK DESIGNATING SIZE AND STYLE DESIRED. WE WILL PROMPTLY FILL THE ORDER AND SEND YOU THE BILL LATER.

☞This List combines the several essential qualities of strength, compactness, durability, and convenience. It is made in various styles to meet the wants of all physicians. It is not an elaborate, complicated system of keeping accounts, but a plain, simple record, that may be kept with the least trouble and expenditure of time—hence its popularity.

PRESS OPINIONS:

"To very few publications, of any kind, is granted such length of days. Only those of decided merit survive the generation in which they were born. In the case of 'The Physician's Visiting List' it is indeed the 'survival of the fittest.'"—*Massachusetts Medical Journal.*

"Simplicity and thorough adaptation to the purpose for which it is intended characterize the book throughout."—*Boston Medical and Surgical Journal.*

"This Visiting List is unsurpassed in practical usefulness."—*Buffalo Medical Journal.*

"No more convenient book can be found."—*Medical Times.*

"Those who have used it longest are its warmest friends."—*Bulletin American Academy of Medicine.*

P. BLAKISTON'S SON & CO., Publishers

1012 WALNUT STREET PHILADELPHIA

ORDER BLANK

Date.....19

P. BLAKISTON'S SON & CO.,

DEAR SIRS:—Please send me by mail, postage prepaid, a copy of

THE PHYSICIAN'S VISITING LIST (Fill in Size and Edition in this line).....

.....

for which I agree to pay $..... within sixty days from date.

If you prefer to remit, enclose this order blank in an envelope with check or money order.

Name.....

Address.....

.....

Digitized by Google

PRACTISES WANTED AND FOR SALE ADvertised in this column for persons who are not agents for the practise, for THREE CENTS A WORD. Twenty-five words will be inserted one time free for subscribers. For additional words or for subsequent insertions, three cents a word required. Advertisements of books, instruments, preparations, etc., or regular business advertisements inserted in this column for six cents a word; no free words. If answers are to be sent in care of our office, an extra fee of fifty cents for each insertion is charged. An advertisement intended for any particular issue must reach us not later than the 17th of the month preceding. Cash must accompany all orders. In estimating, the name and address must be counted, and every three figures or fraction thereof, and every letter representing a word counts as a word.

PHYSICIANS' PRINTING—Rx labels and blanks, stationery, pill and powder boxes, corks. Send for catalog. William Koehl, 17 W. 8th St., Jamestown, N. Y.

160 No. 6¼ XXX White envelopes, with name, business, and address printed in upper left-hand corner, for 50 cents. Noteheads to match, same price. Address William J. Kafroth & Co., Talmage, Lanc. Co., Pa.

FOR SALE—Yales, Harvards, Clark & Roberts and many other chairs and tables, in shopworn and second hand stock. The prices range from $10 to $35 on the payment plan. We have some splendid cabinet bargains, too. Write for list W, 3. W. D. Allison Co., Indianapolis, Ind.

WANTED—To buy practise in Alabama or Mississippi. Address J. K., care MEDICAL WORLD.

FOR EXCHANGE (with a man in a cooler climate), a good cash practise, in the best town in Florida. Address Q. R., care of Medical WORLD.

$2,500 practise to purchaser of my home. Comfortable surroundings. Coast town of 1,000, California. Opposition light; collections 95%. Best climate on earth. $3,000. R., care MEDICAL WORLD.

$2,500 to $3,000 unopposed country practise for sale. Must buy horses and buggy. For small bonus. Dr. Rodenhuis, Harrison, S. Dak.

FOR SALE CHEAP—Suburban practise, near Philadelphia. Established eight years. Collections 95%. House can be rented furnished or unfurnished. Address 622 Land Title Bldg., Philadelphia.

$1,000 buys $2,500 practise, office building and stable. Interurban town in central Indiana. Good farming section, good roads. Address O., care MEDICAL WORLD.

FOR SALE—Office fixtures, drugs, and household goods with $1,800 practise in county seat town in gas and oil belt of southern Kansas. $500. Address X., care MEDICAL WORLD.

$3,000 Western Pennsylvania practise, ten-roomed house (office in residence), for price residence and office outfit. 1,800 inhabitants. Steam and electric railways. Y., care MEDICAL WORLD.

UNUSUAL OPPORTUNITY for physician to establish profitable health home near New York. Superbly healthful; land, bargain. We can contribute much valuable free publicity for the establishment. Protection Realty Co., 104 W. 42d St., New York, N. Y.

UNOPPOSED old-established country practise, 11-room house, stable, poultry-house, 1½ acres ground, fruit, etc., for price of property. Address Dr. D. H. Riffer, Cochran Mills, Pa.

FOR SALE—$4,000 Pennsylvania country practise. Reason, want to retire. Don't apply except you mean business. K., 3557 N. Broad St., Philadelphia.

PARTNER WANTED—Must buy half interest in large office equipment. Dr. Leedy, So. Bend, Ind.

WANTED—Village and country practise, after 18 years' active city work. New York state preferred. Might buy of physician about to retire. If you know location where experienced physician and surgeon is wanted please address "Confidential," Marsters, 32 Tweddle Building, Albany, N. Y.

FOR SALE—$3,000 homoeopathic practise in Massachusetts manufacturing town of 2,000, for price of drugs, office equipment, and driving outfit. Practise long established and increasing steadily. Going to city to specialise. Address A. B., care of MEDICAL WORLD.

WILL some brother show me a country location, railroad or inland town, where both ends will meet from the start? Middle Western states. Address C. D., care MEDICAL WORLD.

ILLINOIS—Good city, country practise. Manufacturing city. County seat. Office outfit, case records, drugs. Bargain. Reason, sickness. Dr. C., 300 Seventh Ave., Peoria, Ill.

(*Continued on page* xxi)

When you have tried

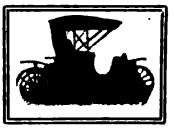
ALL KINDS OF THINGS IN YOUR OLD CASES OF **SEVERE NEURALGIA** AND THEY HAVE FAILED, SEND ONE DOLLAR TO

DR. S. M. FREE,

101 SOUTH JARED ST., DU BOIS, PA.,

AND GET 200 OF HIS NEURALGIA PILLS, AND CURE YOUR PATIENT.

FORMULA SENT WITH PILLS AND ON APPLICATION BY ANY LEGAL PRACTITIONER.



DURYEA'S ELECTA

A CARRIAGE FOR THE ELECT

Clean, easy-riding, reliable, noiseless, and beautiful. You will save time and money by investigating this wonderful car. Catalogue free.

CHAS. M. DURYEA, Reading, Pa.

The Dr. Staufer Spring Stem Pessary and Abdominal Supporter (Improved).
The most complete instrument in existence. The spring in the stem resting on a plunger, with elastics running through base, connecting with abdominal bandage, both yielding at every move of the body, makes it more pleasant than any other in the market. For particulars and literature, address Dr. Benner, 1429 Venango St., Phila.

Answers to Questions Prescribed by Medical State Boards

By Robert B. Ludy, M.D.

Fourth edition, 8vo, 776 pages, price $3.75 net, postpaid. Only original State Board book, not an imitator. Has real questions asked, with accurate answers by Specialists.

Anatomy and Physiology of the Nervous System

By Sedgwick Mather

12mo, cloth, 145 pages, 16 plates, price $1.50 net, postpaid.

"It is a concise yet complete presentation of the physiology of the nervous system with the essentials of the anatomy of the same. We have rarely seen so small a work so completely fill ordinary requirements of practice." (*Medical World, May, 1910.*)

JOHN JOS. McVEY, Publisher

1229 Arch Street, - - Philadelphia, Pa.

Digitized by Google

ACTIVE-PRINCIPLE GRANULES

are fast taking the place of the tincture, fluid extract and infusion. The old-time fluids made from the crude drug are too variable in composition and too uncertain in action to serve us longer.

Ten years ago hardly fifty doctors used them—to-day fifty thousand practise medicine the alkaloidal way. Among them there are no nihilists; they have faith in medicine—because they get results.

Our granules have these advantages over other forms of medication:

They convey the actual medicinal element of the drug freed from all inert matter.

They are, in every single instance, accurate in dosage.

They are more permanent than fluid medicines can possibly be.

They are easy to take.

They are convenient to carry and dispense.

They disintegrate quickly in the gastric fluids—most pills and tablets do not.

When they are given, a precise effect may be looked for; they deliver results in all cases where results can reasonably be expected.

Ask us to send you a 6-vial case of assorted granules and a 300-page book telling how to use the alkaloids.

THE ABBOTT ALKALOIDAL CO.

NEW YORK
TORONTO
CHICAGO
SEATTLE
SAN FRANCISCO

Digitized by Google

Concentrated **Prompt** **Powerful**

I-Own-A

Rheumatism and Kidney Remedy

FORMULA—Colchicum, Hyoscyamus, Rhus Tox., Chirette, Gaultheria, Potass. Iodide, Magendie's Sol. (1 min. in 10), Cactus Grand., Cannabis (½ min. Tr. in 10), Potass. Acet., Phytolacca.

DOSE—10 to 30 drops, in water.

INDICATIONS—Rheumatism, Neuralgia, Lumbago, Gout, Gravel, Stone and Kidney Troubles, and for Organic Disease of the Heart, especially Valvular Disease.

We ask a trial of the I-Own-A Remedy at our expense, as we guarantee it to give marked relief within 2 to 6 hours from first dose, and particularly recommend it for chronic cases, as the more you use it, the better you become acquainted with it, the more highly you will think of it, the larger you will find to be the percentage of cases, all the requirements of which it will fully meet.

Left entirely in the hands of the profession, for prescription.

Put up in only one style, without menstruum, at retail price of $1.00. Each bottle will make a 16 ounce bottle, with each teaspoonful containing 10 drops (not minims) of the I-Own-A Remedy proper.

Professional testimonials, and samples sufficient to test it for two or three weeks, sent by mail to any *Physician* upon direct request to

I. O. WOODRUFF & CO.

Manufacturing Chemists

257-9 William Street **New York City**

Digitized by Google

OSTEOPATHY
for
PNEUMONIA

It is a most successful treatment for this disease. One doctor treated over 100 cases and never lost a patient. Directions are given for treating this and nearly all other diseases in Murray's Practice of Osteopathy.

Illustrated with 108 halftone engravings showing exactly where and how the treatment is applied. The author is a successful practitioner and a graduate under the Founder of Osteopathy, Dr. A. T. Still.

This book of 335 pages will be sent prepaid in cloth, for $2.50; in half Morocco, $3.50. Circulars and sample pages free. Address

THE ELGIN OSTEOPATHIC PUBLISHING CO.
The Spurling Building, Elgin, Illinois

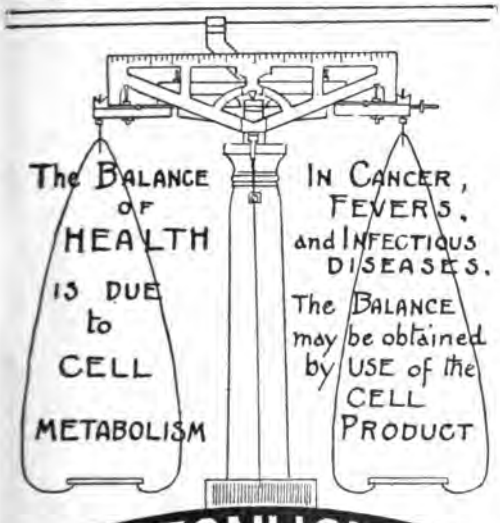
Marshall's Patent Convertible
HAND CASE SADDLE BAGS

Fig. 1 is Fig. 2 in Saddle Bag Form. One side open.
Fig. 2 is Fig. 1 in perfect Hand Case Form, closed.

Write for complete catalogue showing all styles of

Converting and Non-Converting Saddle Bags
Buggy Vial Cases and Gynæcological Bags at Lowest Prices

CHICAGO LEATHER GOODS CO.
178 East Lake Street CHICAGO, ILL.


The BALANCE OF HEALTH IS DUE to CELL METABOLISM
IN CANCER, FEVERS, and INFECTIOUS DISEASES, The BALANCE may be obtained by USE of the CELL PRODUCT

PROTONUCLEIN

IF INTERESTED
SEND FOR SAMPLES & LITERATURE
REED & CARNRICK
42-46 GERMANIA AVE. JERSEY CITY. N. J.

K & O DOUCHE FOR THE APPLICATION OF GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE
FOR
CATARRHAL CONDITIONS

Nasal, Throat
Intestinal
Stomach, Rectal
and Utero-Vaginal

KRESS & OWEN COMPANY
210 FULTON STREET NEW YORK

Sole Agents for Great Britain,
THOMAS CHRISTY & CO.,
4, 10 and 12 Old Swan Lane, London, E. C., England.

Digitized by Google

Time is the Essential in your Profession

Isn't it? Reducing the time spent in going from place to place will **increase your practice** and **increase your efficiency** as well—will it not?

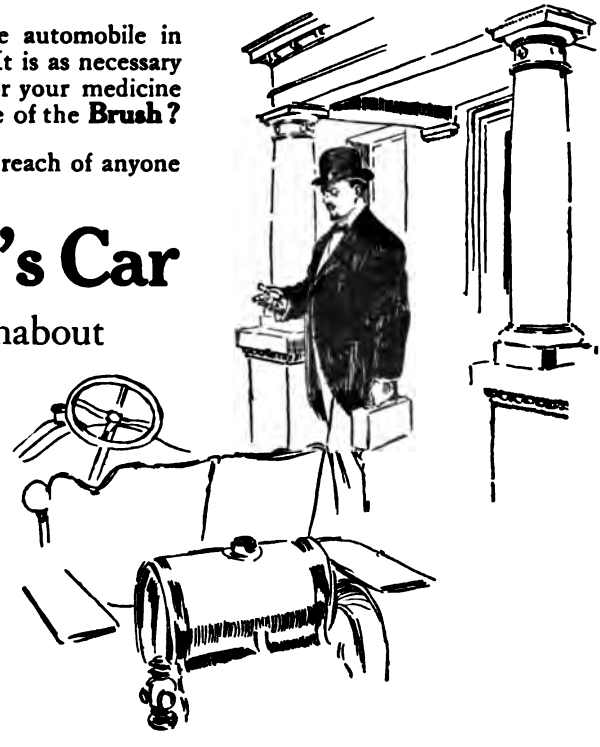
You know the value of the automobile in your profession, of course. It is as necessary to you as your instruments or your medicine case. Do you know the value of the **Brush?**

The **first cost** is within the reach of anyone —that's why it's known as

Everyman's Car

The Brush Runabout

$485



But **low first cost is poor economy**—unless it means ever-ready, dependable, quick, certain service at low cost also. It must mean easy handling, simplicity of operation and adjustment — time-saving and economical in this sense, too.

Ever-Ready? The Brush went through the arduous Munsey tour of 1910, which put many a big car out of business, and never failed to leave, never failed to arrive on time. It was the wonder of all on that tour—that it could travel such a road at all. That proves **dependability.**

Quick? Not sixty miles an hour, you understand. Watch it in traffic and you'll know how quick it is. It will not travel as fast as the big car, but it will **get there sooner** if there are obstacles in the way. That means **certainty.**

Easy Handling? Well, 9-year-old Louie Abernathy drove it from New York to Oklahoma with the eyes of the whole country on him, by reason of his famous ride with his little 6-year-old brother, a-horse-back, to meet Col. Roosevelt coming home from Africa. **After three lessons** he drove it. That's **simplicity.**

Low Upkeep? Send for our book **"The Brush Runabout as a Commercial Asset,"** and read what business men say of its service to hundreds of big concerns. That proves **economy.** Doesn't it?

Let us tell you more about the car. A postal card will do. Mail it today. Simply say: **"Send data on Everyman's Car."**

BRUSH RUNABOUT COMPANY, 1297 Rhode Island Ave., Detroit, Mich.

Licensed under Selden Patent

Digitized by Google

New Allison Tables

Style 128 A.

PRICE

$20.25 Cash

or on installments $22.50, payable $7.50 cash with order and $5.00 per month.

Style 131½ I. C.

PRICE

$51.75 Cash

or on installments $57.50, payable $12.50 cash with order and $5.00 per month.

EVERY ARTICLE GUARANTEED ::

Write for Catalog "5"

W. D. ALLISON COMPANY

1004 N. Alabama Street Indianapolis, Ind.

BRANCHES

110 E. 23d St., New York 411 Mint Arcade, Phila., Pa.
711 Boylston St., Boston 35 E. Randolph St., Chicago
314 Medical Block, Minneapolis

ERGOAPIOL (Smith)

For
AMENORRHEA
DYSMENORRHEA
MENORRHAGIA
METRORRHAGIA
ETC.

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules.

DOSE: One to two capsules three or four times a day.

SAMPLES and LITERATURE SENT ON REQUEST.

MARTIN H. SMITH COMPANY, New York, N.Y.,U.S.A.

ESSENTIAL BLOOD ELEMENTS

Which all convalescents lack, have been found by thousands of the leading physicians for their patients in

BOVININE

BOVININE supplies all this as no Beef Extract can. It raises the Opsonic Index to normal standard and prevents chronic invalidism.

BOVININE is not only a *perfect nutritive* tonic in itself, but being rich in **elementary iron** and all essential elements necessary for complete cell reconstruction and nutrition, it re-establishes completely normal metabolism, thus assuring a quick recovery from all wasting diseases.

Write for Sample, also for one of our new Glass (sterilizable) Tongue Depressors

THE BOVININE COMPANY
75 West Houston St., New York City

Digitized by Google

The Late

Sir Andrew Clark

in his later years, the busiest Physician in the world, found time for twenty minutes one day in every month to listen to an epitome of the new discoveries and devices in Pharmacy, Medicine and Surgery.

Doctor: Can't you devote one hour of your life to the profitable investigation and consideration of a class of troubles that afflicts over 30% of the entire population, men, women and especially children?

We would like to send you a copy of a paper, read before a National Association of Surgeons by one of their number, on the subject of **Spinal Troubles,** causes, effects, treatment and exercises recommended. It is full of interest from the opening word—we know, for we have been **specialists in the manufacture of spinal appliances for the last ten years.**

We have been doing one thing during that time and doing that one thing well.

It is on this that we base our claim for your co-operation with us in the work of stemming the tide of **deformity, suffering** and **distress** from the various forms of **spinal troubles.**

Let us tell you of the **Sheldon Method of Curing Spinal Curvature** by appliance suggested, treatment and exercises, and of our plan of co-operation.

Write to us now while you have this subject in mind.

PHILO BURT MFG. CO.,
15—24th Street, JAMESTOWN, N.Y.

For thirty years NATIONAL (the original) GLYCERINIZED VACCINE has given satisfaction. It costs no more than other kinds. Why take a chance?

Fifteen cents the point or tube; one-fifty the package of ten.

National Vaccine & Antitoxin Institute
"OLDEST IN AMERICA"
WASHINGTON, D. C.

NOTE:—National Diphtheria Antitoxin is another product of these laboratories. It is a clear, accurately standardized serum of the highest concentration. It is marketed in neat ready-to-use syringes at prices lower than asked for other standard brands. 5000 Standard Units, $5.00; 3000 Standard Units, $3.25. Other doses proportionate.

Digitized by Google

ENDOCERVICITIS

which has so often been mistaken for ENDOMETRITIS will yield more readily to the persistent use of mildly ASTRINGENT and ANTISEPTIC DRUGS in the VAGINA, than by the APPLICATION of strong cauterants to the cervix.

MICAJAH'S WAFERS

Have proven serviceable in

CERVICAL CATARRH

Because they exert a continuous action when applied about the cervix, are NON-IRRITATING, and in connection with hot water douches aid in the removal of inflammatory products from the canal.

SEND FOR SAMPLES

MICAJAH & COMPANY
WARREN, PA.

LISTERINE is a powerful, non-toxic antiseptic. It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils. It is unirritating, even when applied to the most delicate tissue. It does not coagulate serous albumen. It is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap. The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 128-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is . . . . . .

LISTERINE

Digitized by Google

MANOLA

MANOLA
TRADE MARK
A POWERFUL RECONSTRUCTIVE ALTERATIVE TONIC
BLOOD MAKER AND TISSUE BUILDER
THE TISSUE PHOSPHATES OF LIME POTASSIUM
SODIUM IRON AND MAGNESIA CONTAINED IN MANOLA
ARE SCIENTIFICALLY COMBINED IN PERFECT SOLUTION
ACCORDING TO THE PRESCRIPTION ORIGINATED BY DR
W. H. SCHUESSLER OF OLDENBURG GERMANY.
PREPARED ONLY BY
THE MANOLA COMPANY.
SAINT LOUIS U.S.A.

Wherever there is

Weakness

Manola improves the appetite, enables the patient to enjoy and assimilate food, induces refreshing sleep, makes good, rich, red blood, strengthens the heart, nerves and muscles, rapidly builds up wasted tissues and exhausted nerves, and restores health and strength.

Manola Tonic Improves Every Function of the Body.

DIRECTIONS—Two teaspoonfuls to a tablespoonful after meals.

We should be pleased to send to any of our physician friends, free of all charge, our beautiful perpetual calendar, an ornament to any desk. It must be seen to be appreciated.

THE MANOLA CO

SAINT LOUIS MO.

Digitized by Google

DRUG ADDICTIONS

An Ethical Treatment for Drug Addictions is Presented in HYOS-SCO-PHINE TABLETS for Hypodermic or Internal Use. (Quantitative Formula on every bottle. Guaranteed under the Pure Food and Drugs Act.)

Hyos-Sco-Phine Tablets have been given a thorough clinical test in more than one thousand cases, including all classes of narcotic drug addictions, and are sold to physicians with the distinct understanding that if results are not in every way up to our claims for them the full amount paid for the tablets will be promptly refunded. On receipt of information giving quantity and kind of drug used by a patient, we will send any physician a free sample of the proper size tablets, also price list and clinical reports.

COMBS CHEMICAL CO., St. Louis, Mo.

ALCOHOLISM

An experience covering a large number of successfully treated cases of alcoholism has enabled us to supply physicians with our combinations (in tablet form) in single vials at list prices, or ample to treat the average case of alcoholism at $5.00. No samples are supplied, as sufficient to obtain positive results is necessary. The treatment is based on the physiological action of various nerve restorers and eliminants, the adjustment of whose combinations has been worked out with infinite care and patience.

We furnish general formulas, clinical reports and literature on application; or better still, enclose us $5.00 for complete supply for one case, with the positive understanding that your money will be promptly refunded if results are not entirely satisfactory.

COMBS CHEMICAL CO., St. Louis, Mo.

SEXUAL NEURASTHENIA

SEXUAL TORPOR

In Neurotina Tablets, which we highly recommend for the above conditions, we do not present the profession a good to urge the jaded on, a weapon to neither seduce nor rouse; but an ethical remedy which will restore to functional activity the sexual apparatus enabling the patient to lead a normal life. The ingredients, which have been repeatedly published, in formula contain correctly adjusted nerve and sexual tonics, such as nux vomica, iron phosphate, cannabis indica, saw palmetto, true damiana, etc., synergistically combined and adjusted with Hyos-Sco-Phine, the sedative alkaloids of nightshade. These soothe nervous agitation while not interfering with the physiological activity of the balance of the ingredients. Physicians who have used Neurotina Tablets in sexual neurasthenia speak enthusiastically of them. We believe they will do all the work that may in justice be desired.

Literature, Clinical Reports and Formulas sent on application, or better still, send us One Dollar for one hundred, postpaid, with the distinct understanding that if you are not entirely satisfied, your money will be promptly and cheerfully refunded.

COMBS CHEMICAL CO., St. Louis, Mo., U. S. A.

Walsh's System of Medical Bookkeeping

HANDIER THAN THE CARD SYSTEM

The Call Book is a visiting list for pocket or desk. It is handsomely bound in maroon Morocco, gilt edges. The dose list contains the important Newer Remedies. It is the day book of the system.

Name stamped in gold on Call Book when requested, without extra charge.

Price, $1.50, postpaid. May be returned if it does not please and money promptly refunded. When name is stamped on book it cannot be returned.

WALSH'S PHYSICIAN'S HANDY LEDGER

The dates of the LEDGER conform to the dates of the Call Book, and the record of visits may be transferred from one to the other BY A STROKE OF THE PEN. But a half hour per week is necessary to keep a large practice posted. The accounts may be commenced any year or month of the year. At the end of the year the entire year's work and nature of attendance may be seen AT A GLANCE. A page will accommodate the attendance upon a patient for one or more years. The Ledger is strongly and neatly bound in Half American Russia.

Sample pages of Handy Ledger furnished when requested. Price, postpaid: 600 patients, $3.50; 1,200 patients, $7.00.

THE DESK BOOK OF FACTS FOR PHYSICIANS. For Ready Reference During Busy Hours.

This book will save many trips to the library shelves. The topics are arranged under forty-one heads—over two hundred pages. So complete a list of Newer Remedies and a Clinical Index of the same has never before been published. With each Newer Remedy is given its action, dosage and solubility.

The Clinical Index gives the application of each Newer Remedy to disease, AND IS ALONE WORTH THE PRICE OF THE BOOK. The list of Poisons and their Antidotes, Incompatibles and Antagonists, contain drugs never before listed. The list of Popular Names and Synonyms is a curiosity of medical literature. All the topics are selected for their practical significance and are shorn of unnecessary details.

Mailed for inspection upon receipt of price, and money promptly refunded if book does not please and is returned in five days.

Price, postpaid, $1.50. Desk Book and Call Book to one address, $2.50. Money must accompany order. Your order should be placed before the Holiday rush.

Address RALPH WALSH, M.D., 1807 H Street, N. W., Washington, D. C.

Digitized by Google

Peterboro, N. H.
June 23, 1910

Frederick Stearns & Co.
Detroit, Mich.
Gentlemen

I inclose a temperature chart that is a curiosity in a way. It represents the action of your preparation Alphozone in a case of typhoid fever. There was no mistake in the diagnosis, for the blood and urine tests were positive. I have handled many cases of typhoid, but have never seen so sudden a drop in temperature and the disease abated so quickly as this. Three-grain doses of Alphozone in half-glassful of water every hour was all the medication he had. I began to give it the afternoon of the second day when his temperature was 104 . You can see that it rose to 104½ that night, dropping to 104 early next morning, falling to 103 in four hours, and then to 100 . After that it never rose beyond 100 , and the third of March I left the case. His two young daughters had previously been carried through the same disease on the same lines of treatment. Trusting the chart will be of interest to you, I am,

Truly yours,

Frank B. Fosler M.D.

Any physician interested in the temperature chart above mentioned will receive copy of same by sending to Frederick Stearns & Company, Detroit, Michigan.

Digitized by Google

CONTENTS:

EDITORIAL: PAGE

What is the Professional Situation in Your Community?..473
Care of the Nipples Before and After Confinement.....474
Acute Anterior Poliomyelitis: Symptoms and Treatment...475
Business Talk to Doctors.....476

THE MEDICAL MONTH.....480

ORIGINAL COMMUNICATIONS:

More About Professor Ehrlich's New Remedy for Syphilis 482
An Endemic and Its Lessons..483
Help to Secure a National Department of Health.....484
Christian Science 485
Restoration of Skin After Burns 485
Iowa Dispensing Doctors Threatened 486
Enlarged Tonsils.—A File for Clippings 487
Report of Case of Criminal Abortion 488
Backache and Kidney Complaints 488
Calcium Creosote 489
Chromium Sulfate 490
Epilepsy in a Child.....490
Large Doses of Calomel in the South 491

PAGE

What Has Become of the Widow? 491
Extensiv Burn 492
Suspected Epilepsy in a Child.493
Hook Worms Better Than Charts 493
Correspondence Concerning Malaria and Hay Fever....493
Exercises and Massage for Hernia 494
An Old Doctor Inspires a Younger One 495
Some Suggestions from Our Brother, Dr. Bott.....495
Who Can Beat This Case Report? 495
A Prayer for Doctors and Nurses 496

QUIZ:

Obstinate Eczema on a Physician's Hands: Help Wanted.496
Urethral Caruncle 497
Enuresis Nocturna 497
Local Remedy for Cataract Wanted 497
Continental B. and L. Assn. of Denver.—Information Wanted Concerning Hot Springs.497
Glacial Acetic Acid for Naevi. —Crooked Teeth 498
Bronchiectasis 498
Pruritus Hiemalis (Winter Itch) 498

PAGE

Hydrobromate of Quinin in Gray's Disease. — Other Remedies 499
Formula for "Number 6".....499
Mothersill's Remedy for Seasickness: Formula Wanted..500
Rheumatism, Flat Foot, or Morton's Metatarsalgia.....500
Dyspnea and Subacute Gastritis 500
Ascribes Poliomyelitis to the Use of Calomel.....501
Walnut Hair Dye Fails to Dye the Hair 501
Patents and Proprietaries....502

CURRENT MEDICAL THOUGHT:

Pneumonia 502
Soothing Syrups Which Kill Infants 502
Heaven Enuf for Me (Poem).503
The Present Prospects of Medical Practise 503
Simplification of Materia Medica Examinations 504
Perfected Oxygenor King.....505
Fruitola 506
Odol 507
Secret Cures for Inebriety....507

BOOK REVIEWS 508

OUR MONTHLY TALK.....509

DERMATONE

FORMERLY CALLED DERMOL

A trial only is needed to demonstrate its value as an elegant and effective local application for the complexion. In curing acne, pimples, blackheads, blotches and roughness and to impart a clear healthy tone to the skin it has no equal. Every physician has cases of this kind and a fair trial of Dermatone is solicited. Use in connection with our Acne Tablets.

No. 49 ACNE TABLETS

FORMULA: Arsenicum Sulph. Rub. . . 1-100 gr. Nux Vomica . . . . . 1-20 gr.
Berberis Aq. Specific Tr. . . . . q. s. Echinacea Specific Tr. . q. s.

CHICAGO PHARMACAL CO. Charlestown, Mass., Oct. 5, 1906.
Enclosed is check for $4.00 for two dozen Dermatone. It is the best product I have ever seen for external use in acne.
NELSON WOOD, M. D.

Dear Sirs:—Kindly send me one pound Dermatone Has done wonders here this summer for freckles, and I expect to order more very soon. Yours very truly, A. J. FORGET, M. D., Los Angeles, Cal.

Literature and Samples mailed on application; also our 144 page Catalogue of Pharmaceuticals.

CHICAGO PHARMACAL CO. . . 645 ST. CLAIR STREET CHICAGO, ILLINOIS

The Empire Elastic Bandage

Specially adapted for varicose veins, and superior to elastic stockings. The most elastic and absorbent bandage made. Price, 3 in. x 5 yds., $1.00.

Is the best, cleanest, coolest, most comfortable and efficient supporter in the world. Try it. Price, 8 in. wide, $2.50. Price, 11 in. wide, $3.00.

We send all our goods free by mail upon receipt of price, and refund money if not satisfactory.

EMPIRE MANUFACTURING CO., :: :: 32 Spring Street, Lockport, N. Y., U. S. A.

Digitized by Google

SYRUPUS ROBORANS.

SYRUP HYPOPHOSPHITES COMP. WITH QUININE. STRYCHNINE AND MANGANESE

1-128 grain Strychnine to teaspoonful.

The pharmaceutical skill displayed in making this favorite compound more stable and agreeable deserves the approbation of the profession.

SYRUPUS ROBORANS AS A TONIC DURING CONVALESCENCE HAS NO EQUAL.

As a nerve stimulant and restorative in wasting and debilitating diseases, as a constructive agent in Insomnia, Pneumonia, Tuberculosis, Bronchial Asthma, Marasmus, Strumous Diseases and General Debility, this compound has no superior. Owing to the solubility of the salts, addition can be made of Fowler's Solution, Syrup Iod. Iron, Iod. Potass., etc., giving the advantages of those remedies without interfering with the stability of the preparations. *SYRUPUS ROBORANS* is a perfect solution, and will keep in any climate.

Dr. W. O. Roberts says: "In cases convalescing from 'La Grippe,' Syrupus Roborans has no equal."

Please note that Essence and Elixir Pepsin contain only Pepsin, while in **PETER'S PEPTIC ESSENCE Comp.** we have all the digestive ferments. These are preserved in solution with C. P. Glycerine in a manner retaining their full therapeutic value, which is exerted in and beyond the stomach.

PETER'S PEPTIC ESSENCE COMP.

A POWERFUL DIGESTIVE FLUID IN PALATABLE FORM.

It is a Stomachic Tonic, and relieves Indigestion, Flatulency, and has the remarkable property of arresting vomiting during pregnancy. It is a remedy of great value in Gastralgia, Enteralgia, Cholera Infantum, and intestinal derangements, especially those of an inflammatory character. For nursing mothers and teething children it has no superior. Besides mere digestive properties, Pepsin and Pancreatine have powerful soothing and sedative effects, and are therefore indicated in all gastric and intestinal derangements, and especially in inflammatory conditions. It is perfectly miscible with any appropriate medium. In certain cases the addition of Tr. Nux Vomica gives much satisfaction. Please write for Peter's Peptic Essence Comp. and you will not be disappointed. These preparations are held strictly in the hands of the medical profession, never having been advertised as popular remedies, nor put up with wrappers and circulars expatiating on the use of the Hypophosphites or Digestives, thus educating the public in the use of these valuable compounds.

Samples sent upon application. Express charges at your expense. For sale by all wholesale druggists. **ARTHUR PETER & CO., Louisville, Ky.**

ECHITONE

An Internal Remedy FOR THE Treatment of Constitutional Skin Diseases

It should be persistently prescribed in SYPHILITIC ERUPTIONS, ECZEMA CHRONIC ULCERS, PSORIASIS, ETC.

Complete formula and literature to Physicians only.

VARIOLA CONVALESCENT

STRONG, COBB & COMPANY
CLEVELAND, OHIO

Digitized by Google

BEST BY TEST

LIPPINCOTT'S NEW
Medical Dictionary

TEST IT WITH ANY STATE BOARD QUESTIONS

"LIPPINCOTT'S" is an accurate guide to CAPITALIZATION and HYPHENATION.
"LIPPINCOTT'S" has the BNA and spelling is in accord with the latest pharmacopœia.
"LIPPINCOTT'S" gives all the drugs of the latest pharmacopœia with their correct dosage and uses.
"LIPPINCOTT'S" is the latest, most up to date, and gives the most for the money.

An Instantaneous Success—Second Printing in Two Months

Octavo. 1108 double-column pages freely illustrated with figures in the text. Flexible leather, thumb indexed, $5.00 net

Test any dictionary with these words from the New Lippincott

Was'ser-mann's reaction or test. The application of the principle of the FIXATION OF COMPLEMENT to the diagnosis of syphilis. The technic employed is as follows: (1) a serum is obtained and deprived of complement by heating to 60° C. for half an hour; (2) an emulsion is made of the heart muscle of a sheep's

Mo'ro's reaction. A reactive inflammation produced by the local application of a 50% tuberculin ointment upon the skin of those suffering from infection with the tubercle bacillus. ☞ CALMETTE'S REACTION; PIRQUET'S REACTION.

An-ti-op'so-nin. A constituent of normal human serum antagonistic to the OPSONINS. ☞ ANTIGEN.

Autocatalysis
Baby-farming
Beckmann's formula
Biebrich scarlet
Bindschedler's green
Bordet-Gengou reaction
Bulgarian bacillus
Butyrorefractometer

Capriloquism
Cholecystomy
Cholecystoncus
Choledochiarctia
Cholesteron
Clonorchis
Code of medical ethics
Conariohypophysial tract
Contract-surgeon
Corning's method
Crithidia
Cytoserum

Decapeptide
Decerebrate rigidity
Degreased tubercle bacilli
Depres marker
Deviation of complement
Diacetyl peroxide
Dialuric acid
Dithmarsch's disease

Epipephycitis

Fermenlactyl
Fletcherism

Garotilha
Gentianophobous

Halymeter
Haramaitism
Htone na
Hydro-ergotinin
Hygrechema

Jonnesco's method

Kieselguhr

Leishmaniosis
Leistungskern

Nosasontology

Olfactometry
Opsonology
Opsonometry
Opsonophilia
Osmoregulator

Pellagrin
Phonendoskiascope
Pyrrolidin

Röntgenometer
Romberg-Howship's symptom

Sarcolysis
Seven-glass test
Simulium reptans
Stigmata of degeneracy

Thermæsthesiometer
Thermophobia
Trident hand
Trypanosomatosis

Walker-Gordon milk

Xylogen

Yeo's method

Zarr
Zimocca sponge

OTHER LISTS *in Medical Record, Annals of Surgery, New York State Journal of Medicine, Illinois Medical Journal, Medical Times, Boston Medical and Surgical Journal, Interstate Medical Journal, Canadian Journal of Medicine and Surgery, Pennsylvania Medical Journal, The Southern Medical Journal, Journal of the American Medical Ass'n., Lancet-Clinic, Kentucky Medical Journal.*

LIPPINCOTT'S HAVE BEEN MAKING DICTIONARIES SINCE 1863 AND KNOW HOW

Digitized by Google

The *personal claims* of a manufacturer may be regarded as *partisan*, but when a manufacturer makes no claims for his product, contenting himself with presenting the consensus of opinion of thousands of physicians, his statements merit consideration and his product deserves investigation from those members of the profession who have not used it.

Clinical Results Prove Therapeutics

and clinical results, reported by thousands of successful practitioners, demonstrate that

Anasarcin

(*Oxydendron Arboreum, Sambucus Canadensis, and Urginea Scilla*)

Gives Relief in

VALVULAR HEART TROUBLE
ASCITES AND ANASARCA
EXOPHTHALMIC GOITRE
BRIGHT'S DISEASE
CIRRHOSIS OF THE LIVER

Use Anasarcin in any obstinate case and note results.

Trial quantity and Literature on request, to physicians only.

THE ANASARCIN CHEMICAL CO.
Winchester, Tenn.

Messrs. Thos. Christy & Co., London Agents.

Cystogen

(C6H12N4)

IN

GONORRHEA

is especially indicated in those forms where gleet has involved the deep urethra and bladder; the influence of Cystogen is evident in the rapid clearing of the urine and the disappearance of pus. When the urine is acid the addition of Lithia is of value and seems to aid the curative properties of Cystogen.

CYSTOGEN PREPARATIONS:

Cystogen—Crystalline Powder.
Cystogen—5 grain Tablets.
Cystogen-Lithia (Effervescent Tablets).
Cystogen-Aperient (Granular Effervescent Salt with Sodium Phosphate).

Samples on request. CYSTOGEN CHEMICAL CO., 515 Olive St., St. Louis, U. S. A.

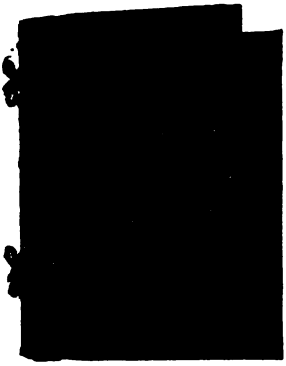
Digitized by Google

here and now; that He has no favorit sons; that immortality is based on reality and not on the authority of priest or prophet. He looks for "the religion behind the creeds."

"Religion is the life of God in the soul of man," is quoted from an old Scotch writer as a true definition of the state at which humanity may hope to arrive.

I thought I would like such a book and I sent for it. It came some time ago but I have not had time yet to even unwrap it; but I hope to enjoy reading it.

Bind Your MEDICAL WORLDS



We supply one of the best ready Binders we have ever seen; not something merely to hold the various numbers of the Journal together, but a complete cover that neatly and durably binds them into a book. Each copy of THE MEDICAL WORLD can be added as it comes, without removing those already in; it takes but a moment to do this, and it is no trouble. Every subscriber to THE MEDICAL WORLD should have these Binders: the price is only 35 cents each; with an awl for punching, 5 cents extra; or three Binders and an awl for $1.00. We have sold these Binders for about 20 years, and have never had a complaint concerning them.

THE MEDICAL WORLD

1520 CHESTNUT STREET, PHILADELPHIA, PA.

PRACTICAL POINTS.

Owing to the rapid advances and the new discoveries that are being made in the science of medicin, many new words are being coined. If a physician is to keep up with the times, he must have an up-to-date dictionary in which these words are given. Such a dictionary is publisht by Lippincott & Co. See particulars in their adv. on page xvii.

WEST LEBANON, IND.

Philo Burt Manufacturing Company, Jamestown, N. Y.:

GENTLEMEN:—I have used your appliances in some severe cases with success. You may use my name to as strong a testimonial as you care to get up. I am well pleased with the results obtained by the use of your No. 1. Respectfully yours,

RICHARD STEVENSON, M.E., M.D.

See adv. on page x.

Now that the cool weather season with its consequent troubles is coming, do not lose sight of Vapo-Cresolene. There are many cases of respiratory troubles where you will benefit yourself and your patient by its use. If you have not tried it in whooping cough, do so. See adv. on page xx.

CASE 3.—Miss Carrie L., aged 23 years, came to my office on January 2, 1902, stating she had not menstruated for five months. There was considerable abdominal distention, which led me to suspect the patient was pregnant. Examination, however, dispelled this idea. I prescribed an original package of twenty capsules Ergoapiol (Smith) to take one capsule four times daily. On January 5th she reported, and stated that the flow had establisht itself, but was very scanty in amount. She was then instructed to take two capsules twice daily until menstruation had ceast, and also to take one capsule three times daily, three days preceding her next menstruation. February 1st she reported that she had come on normally, the abdominal distention had disappeared, and she was in excellent condition.

London. CLAYTON H. BAKER, M.B., F.R.S.

See adv. on page ix.

The stranger laid down four aces and scoopt in the pot.

"This game ain't on the level," protested Sagebrush Sam, at the same time producing a gun to lend force to his accusation, "that ain't the hand I dealt ye."—*Everybody's.*

The automobile is being used more and more for commercial purposes, and has passed the stage when it was classed as a mechanical toy and regarded as a luxury for the rich. Many business men find a good automobile saves them much time in going from place to place and regard it as almost indispensable. A physician necessarily covers much ground in his daily rounds, and the problem of how to do it rapidly, inexpensivly, and comfortably, is of great importance to him. Many physicians think that an automobile answers the purpose much better than a horse and carriage. The manufacturers of the Brush Runabout and the Maxwell consider their cars well adapted to the needs of physicians. See adv. on pages viii and xxv.

A temperature chart made by Dr. Frank B. Foster, of Peterboro, N. H., showing the temperature of a typhoid fever patient to whom he was giving Alphozone, will be sent free of charge to readers of THE MEDICAL WORLD who will write to Messrs. Frank Stearns & Co. for it. See adv. on page xiv.

Huston's Akouophone, which tho stethoscopic in character, it is claimed by the manufacturers differs radically from other stethoscopes. It is really a set of three instruments: a sensitiv means of examining with accuracy all normal sounds; an accentuator that magnifies these sounds to almost any desired extent; and a device whereby accurate information may be obtained of every sound between the two extremes. The usefulness of such an instrument to the profession, especially to those giving attention to chest troubles, is at once apparent. See adv. on page ii.

In "Syrup of Figs and Elixir of Senna" is presented the old, well-known, and favorably-known senna in a palatable form. Many of your patients will insist on keeping some laxativ on hand: read the adv. on page xxiii of this issue and see if you

(*Continued on page xx.*)

Digitized by Google

would not prefer recommending this preparation to having them use some one of the many doubtful preparations advertised to them.

We would recommend any physician contemplating a change to another state where he will have to go before the Board of Examiners, to prepare for the examination under the tutorage of Dr. R. J. E. Scott. Dr. Scott has made a specialty of this work for many years, and has been very successful at it. See adv. on page xxii.

Readers of THE MEDICAL WORLD, upon application to Peter-Neat-Richardson Company, can obtain samples and descriptiv literature of Bronchiline, Nutrivine, and Antidipsole. See adv. on page xxii. This is a good time to try Bronchiline on some of your obstinate cases of bronchitis, la grippe, or laryngitis.

In literature received from the Purdue Frederick Company we note the following: "Comparativ clinical tests have proven, time and time again, that Gray's Glycerine Tonic Comp. will cure many of the mose rebellious cases of anaemia, even those that have resisted treatment by practically every other form of organic and inorganic iron." See adv. on page xxii.

Much is being written in the medical press about Osteopathy, and this subject is attracting more and more attention from progressiv physicians. An excellent work on this subject is publisht by the Elgin Osteopathic Company. See adv. on page vii.

Marshall's Patent Convertible Hand Case Saddle Bag should appeal to those physicians who make professional calls on horseback. See adv. on page vii.

It is of great importance that physicians keep posted as to the many improvements that are being constantly made in surgical appliances. A good way to keep abreast of the times is to study the catalogs of prominent surgical supply houses. In this connection see adv. of the Pomeroy Company on page xix.

In Dermatone the Chicago Pharmacal Company say they have a very effectiv remedy for acne, pimples, blackheads, etc. The formula is publisht in the Chicago Pharmacal Company's advertisement on page xv.

A hypodermic syringe that can always be depended upon to do its work properly is a necessity to the busy physician. Such a syringe is described in the advertisement of the Western Supply Company on page xx. Send for descriptiv catalog.

Grape Fruit as a diet for invalids has received the indorsement of many prominent physicians Of course, only the best fruit should be used. The Atwood Grape Fruit Company claim that their fruit is far superior to the ordinary kind, and is thus particularly desirable for medicinal use. See adv. on page xxxiv.

It will soon be time for you to decide what system of keeping accounts you will use in the ensuing year. P. Blakiston's Son & Co. have made physicians' account books for many years. Their "Physicians' Visiting List for 1911" is now ready. Please see what they have to say about it on adv. page iii.

"How shall I build up my convalescents?" is a question of great importance, which is constantly presenting itself. Many physicians consider that Bovinine is indispensable in such conditions, and they prescribe it freely to such of their patients as need a nutritious tonic. See adv. on page ix.

Driving comfort should appeal to physicians who necessarily spend much time on the road, and are exposed to all kinds of weather. Fouts & Hunter

(*Continued on page xxi.*)

Vapo-Cresolene

For Thirty Years

Vaporized Cresolene

has held its position as a valuable remedy for the bronchial diseases of childhood.

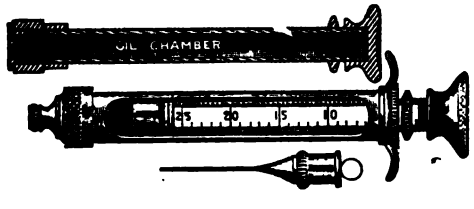
It is particularly useful in the treatment of the very young.

Cresolene is indicated in Whooping Cough, Croup, Bronchitis, Asthma, Coughs and the bronchial complications incident to Scarlet Fever and Measles.

Vaporized Cresolene is destructive to Diphtheria bacilli and may be advantageously used in connection with the treatment of this disease.

Let us send you our descriptive and test booklet which gives liberal sample offer.

THE VAPO-CRESOLENE CO., 62 Cortlandt Street, NEW YORK
Leeming-Miles Building, Montreal, Canada



Our Hypodermic Syringes all have the new style HOLLOW Pistons which are filled with oil clear to the outer ends, so that the packing NEVER dries out, the Pistons NEVER work hard, the Syringes NEVER leak, the oil being 5% carbolated, keeps the Syringes automatically aseptic, without boiling, and if broken, these Syringes can be repaired on the spot by the physician himself. Pistons of old style Syringes replaced with our new HOLLOW Piston and returned promptly.

THE WESTERN S. CO., Canton, Ohio

N. B.—Send for our new descriptive Catalogue and also for free sample of our GOLD MEDAL SPECIAL NEEDLES.

Digitized by Google

THE Western Physicians and Druggists Exchange will sell your practise and property; secure partners, location, Hospital and sanatorium appointments. Drug stores bought and sold. Our advertising territory includes United States, Canada, Alaska, Mexico, and Cuba. Professional and bank references. Box 921, San Antonio, Texas.

FOR SALE—$2,500 practise in good live town of 2,000 population in northwestern Illinois, for price of drugs, instruments, and office fixtures—about $500. Farming district; collections good.
Address R. S., care MEDICAL WORLD.

FOR SALE—Oklahoma. Good clean stock of drugs. Thriving town of 700; good school; six churches. Invoice about $2,000. Will give my practise to purchaser. Good reasons. Address Dr. G. A. Share, Seiling, Okla.

WANTED—Contract practise, saw mill, or small town or country practise in Southern states—Louisiana preferred. Will buy same. Address Dr. S., Belair, La.

FOR SALE—Mitchell automobile, 20 horse power. Three-passenger; good condition. Cheap.
Box 114, Export, Pa.

FOR SALE—Property and practise at cost of property. Rich farming section, high school. German preferred. Nearest competitor 3½ miles. Address Doctor, Inland, Ohio.

$5,000 practise for sale in eastern Oklahoma for price of property. Enclose stamp.
Post Office Box 232, Wewoka, Okla.

$5,000 practise (considerable surgery); small sanitarium well fitted up; good operating room; X-ray 24 plate. Lighted and heated by natural gas. Good town 800. Good farming country. Two railroads, and town growing rapidly. Will stay long enough to introduce purchaser. Light competition. Price $2,000. Property is worth more money. Will give terms on half to suit. Address, with stamp Dr. W. D. Baird, Davenport, Okla.

LOST—Several short advertisements which were intended for this column this month, were lost on the way to our printer. Those who sent us advertisements for this department, and which are not printed, will kindly communicate with us, so we may insert them next month.
THE MEDICAL WORLD.

Hygiene of Pregnancy

A lot of common sense for pregnant women. New 4th edition just out. Much larger and better. Give them to your pregnant patients. Price 10c. per copy. Your name and address on front cover on orders of 25 or more. Send 10c. for copy and you will order more. They are great.

Dr. E. S. HARRIS

Smith Building Higginsville, Mo.

say in reference to their Cozy Cab: "Your protection is always with you, and out of sight unless in actual use. Fine days you have an open carriage; stormy days you have a closed carriage; showery days you use your carriage open or closed, just as you use an umbrella." See adv. on page xxxi.

Welch's Grape Juice can be safely recommended to both sick and well, as it consists of the pure, unfermented juice of the grape, and is palatable as well as nutritious. The various fruit juices are being more and more used, in many diseases, especially typhoid fever. You need have no hesitancy in prescribing Welch's Grape Juice, as it is pure and unadulterated. See adv. on page xxxv.

The Norwich Pharmacal Company makes the following statement: "M. Clayton Thrush, M.D., of Philadelphia, reports having used Unguentine in a series of twenty-five cases suffering from catarrh of the nose and throat, and in cases in which there was considerable discharge from the nose (hypertrophic rhinitis), and also where there were hard scales or inflamed areas developt. In every case Unguentine proved of great value, affording prompt relief and, when used in conjunction with proper cleansing antiseptics by atomizer or nasal douche, never failed to give excellent results." See adv. on page xix.

Treat Your Alcohol Patients Yourself

The Oppenheimer Treatment is given through you, the patient's own family physician. This gives the patient confidence which is of great aid in all cases. The fact that the treatment is given in your office or —if the patient desires—in his own home has also great psychological effect.

While undergoing the

Oppenheimer Treatment

the patient merely calls at your office daily for two or three weeks. He has no dread of publicity—and the consequent humiliation—which is usually a result of a visit to a sanitarium for alcoholic treatment.

The saving in time and expense has also helped the Oppenheimer Treatment to attain its great success. It is the best treatment for both patient and physician.

Thousands of physicians—leaders in their profession—are using the Oppenheimer Treatment with great success.

The Oppenheimer Treatment restores physical balance to the patient while eliminating the craving for liquor. It does not debilitate the system or leave any injurious after effects of any nature.

Permit us to send you full details by filling out and mailing the coupon below.

Send this coupon to

OPPENHEIMER INSTITUTE
317 W. 57th Street, New York

Without any obligation of any kind on my part, you may mail to me complete details regarding your alcoholic treatment.

Name .....

Street .....

City .....
(MED. WORLD)

Digitized by Google

Noteworthy Pharmaceutical Products

Bronchiline indicated in all inflammatory conditions of the bronchial tubes. In *Bronchitis, La Grippe, Laryngitis, Phthisis* and the convalescent stage of *Pneumonia* the most favorable results may be anticipated. Contains no opium in any form. Not recommended as a "cure-all," but is almost a specific in all forms of bronchial trouble

Nutrivine a most efficient general tonic and tissue-builder. It contains the active principle of Cod Liver Oil, but the nauseating taste is so well disguised that it is readily accepted by the most delicate stomach. Indicated in all conditions demanding the exhibition of tonic stimulants and tissue-builders.

Antidipsole is a most efficient therapeutic aid in the treatment of Alcoholism and Drug Addictions (especially Morphinism); also valuable in insomnia, hysteria and other nervous disorders indicating a calmative agent. Prepared only for the use of physicians and never advertised to the public. It is not a secret preparation, formula being given upon application. Try this remedy in one of your cases.

Samples and Descriptive Literature sent on request

PETER-NEAT RICHARDSON COMPANY, Louisville, Ky.

The Uniformity, Quality and Therapeutic Efficiency of Gray's Glycerine Tonic Comp.

has given it first place in the successful treatment of atonic or debilitated conditions.

The results obtained are permanent—not transitory.

THE PURDUE FREDERICK COMPANY
296 Broadway, New York City

THOROUGH PREPARATION FOR
All State Board Medical Examinations
Instruction Personally or by Correspondence

As time is an important factor, I give as much attention to showing what NOT to read as what should be carefully studied

Physicians removing from one State to another can obtain valuable assistance, and save much time, trouble and money. Address

DR. R. J. R. SCOTT,
107 West 78th Street New York City

Genuine $4 Cologne Arch Instep Supporters, Felt Covered, for falling of the arch and flat foot. Children's size, per pair $1.25, postage 8c. Adult's size, per pair $1.75, postage 12c.

FRANK S. BETZ CO. Hammond, Ind., U. S. A.

Homœopathy "The Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy" is the best book for inquirers into Homœopathy. Gives practical working knowledge. 2d Ed., $1.00. BOERICKE & TAFEL
Homœopathic Pharmacists and Publishers
1011 Arch St., Philadelphia, Pa.
Catalogues free (Business Established in 1835)

Digitized by Google

A DELIGHTFUL REVELATION

The value of senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of Californian figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs.....75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only.....25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER

Syrup of Figs and Elixir of Senna is an ethical proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna as a laxative is too well known to physicians to call for any special comment, but in this scientific age it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

CALIFORNIA FIG SYRUP CO.

Addresses: San Francisco, Cal., Louisville, Ky., New York, N. Y., U. S. A. London, England

Easton Sanitarium

Select class of nervous and mental patients received. 20 years' experience; late First Assistant Physician in Middletown State Homeopathic Hospital, N. Y. Visit Easton before placing your patient. PHONE 166

C. SPENCER KINNEY, M.D., Easton, Pa.

Maternity Home

DENVER, COLO.

Seclusion for unmarried girls and women during pregnancy and confinement.

Homes for infants.
Trained nurses.
Ethical, no publicity. Address:
DR. S. R. McKELVEY
4403 W. 32d Avenue

DRS. PETTEY & WALLACE'S SANITARIUM

958 S. Fourth Street MEMPHIS, TENN.

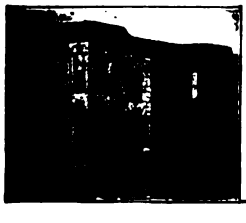
FOR THE TREATMENT OF

Alcohol and Drug Addictions
Nervous and Mental Diseases

A quiet, home-like, private, high-class institution. Licensed. Strictly ethical. Complete equipment. New building. Best accommodations.

Resident physician and trained nurses.

Drug patients treated by Dr. Pettey's original method under his personal care.



Union Park Maternity Home

ESTABLISHED 1894

A Strictly Private Home Retreat for Unmarried Girls and Women during Pregnancy and Confinement, with best Medical Care, Nursing and Protection. A Home found for the Infant by Adoption. All publicity avoided.

For Particulars and Terms address,

CHARLES S. WOOD, M. D., 1522 Carroll Ave., Chicago

Digitized by Google

CHALFONTE

The Boardwalk, the beach, the piers and other attractions, when combined with the comfort and elegance of Chalfonte, make a visit to

ATLANTIC CITY

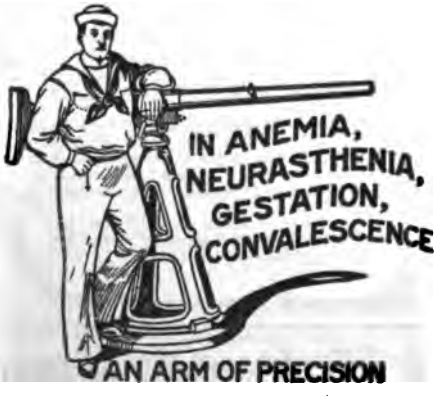
at this time most delightful. Write for reservations to

THE LEEDS COMPANY

ALWAYS OPEN **ON THE BEACH**

WHEELER'S
TISSUE PHOSPHATES

DELICIOUS **SUSTAINING**



The IDEAL TONIC For FASTIDIOUS CONVALESCENTS

T. B. WHEELER M.D. COMPANY
MONTREAL, CANADA,
LABORATORY,
ROUSES POINT, N.Y.

SAMPLES & LITERATURE ON REQUEST

Digitized by Google

The First Real Cost-Test Ever Made

Automobile *vs.* Horse

The Economy Car

"Perfectly Simple—Simply Perfect"
Maxwell Model Q-11, 4 cyl., 22 H.P., $900

"Maxwell"
1 8/10 cents
per passenger mile

Horse and Buggy
2 1/2 cents
per passenger mile

A public test of the Maxwell car and a horse and buggy on the streets of New York and its suburbs, under actual conditions of traffic, has just been completed.

Model Q-11 Maxwell

Expenses Stop when not in use

Distance traveled 457 miles.

COST

Gasoline	$5.60
Oil	.60
Grease	.13
Depreciation, car	3.66
Depreciation, tires	6.85
	$16.84
Cost two passengers—per mile	.037
Cost one passenger—per mile	.018
Daily average distance, 76 3/10 miles.	

These costs are based on gasoline purchased at 16, 18 and 20 cts. per gallon and oil at 65 cts. a gallon purchased en route; grease at 12 cts. pound; car depreciation, .008 per mile; tire depreciation, .015 per mile. Garage not included.

It Proves That:

The automobile is an economy.

Motor car extravagance is voluntary and unnecessary.

Its pleasures are within the reach of men of moderate means.

It is an indispensable factor in transportation, and a utility.

It is an implement to increase the earning power of man, conserve his time, and extend his field.

The automobile industry, now the fourth greatest in the country, is economically sound.

The Maxwell is the standard, efficient, economical, reliable, utility automobile, as perfect as human intelligence and handiwork can make it.

Horse and Buggy

Expenses Continue when not in use

Distance traveled, 197 miles.

COST

Hay	$1.20
Oats	4.50
Straw	.30
Shoeing	.498
Grease	.0012
Depreciation	3.349
	$9.8482
Cost two passengers—per mile	.05
Cost one passenger—per mile	.025
Daily average distance, 32 9/10 miles.	

These costs are based on hay at 1 ct. a pound; oats averaging 25 cts. a 4-quart feeding, purchased en route; straw at $1.50 cwt., 100 lbs. per mo.; shoeing, $2.50 a month; grease, 12 cts. a pound; depreciation, horse, buggy and harness costing $375.00, .017 a mile. Stabling not included.

TEST SANCTIONED BY A.A.A.

We invited the Contest Board of the A.A.A. to conduct this test, that it might be in disinterested control.

The two vehicles ran six hours each day over a different, predetermined route. Account was kept of every expense entailed.

Everything was done to make the test normal, actual, fair and conclusive, and the results confirm our claim that Maxwell automobiles are cheaper to use than a horse and buggy.

THE ATTESTED RESULTS

The automobile cost 68/100 of a cent per passenger mile; the horse and buggy 1 44/100 of a cent.

The car covered 2⅛ times the distance traveled by the horse.

The car averaged 76 3/10 miles—cost $1.03; the horse averaged 32 9/10 miles—cost 95 cents.

Up-keep, depreciation, and other charges made the total car-cost 1 8/10 cents per passenger mile; and the total horse and buggy cost 2⅛ cents per passenger mile.

Sale of Maxwells To Date

Sold to Sept. 30, '10	37,389
Sold during Oct. '10	1,767
Maxwells in use today	39,156

Watch the Figures Grow

SEND FOR THESE BOOKS

Latest Catalogue and other interesting literature containing convincing proof sent on request. Just write on a postal "*Mail Books.*"

MAXWELL-BRISCOE MOTOR CO.
Red St., Tarrytown, N.Y.

Licensed under Selden Patent Members A.L.A.M.

Digitized by Google

Mulford's Pharmaceuticals

Are of the Same High Standard

as Mulford's Antitoxin

EVERY PHYSICIAN appreciates his medicine case, and it is because our cases differ from all others on the market that we make these special offers.

That our business has been successful, lies in the fact that we have been able, in many instances, to anticipate the demand of the practitioner and in every instance to give thorough and conscientious service.

Some years ago we took up the manufacture of physicians' cases, and by introducing special features our cases are recognized as the best made.

Size. 7 1-8 x 3 3-4 x 1 1-2 inches

POCKET CASE, No. 2

Flexible black seal-grain leather case, contains twenty-four 2-dr. s.-c. vials (cork vials if preferred); pocket for sundries; flat catch; fitted with our special spring clasps for holding vials.

POCKET CASE, No. 15

Made of best black sole leather; hand-sewed; lined with plush; fitted with our special spring clasps for holding vials. Contains twenty-four 2-dram screw-cap vials (cork vials if preferred). Very complete, handsome and serviceable.

Both Cases are filled with the following selection:

Aconite Tinct., 1 min.: Antiseptic, No. 6; Bismuth Beta-Naphtol Comp.; Bismuth Subnit. and Ipecac Comp.; Bronchitis, No. 3: Bronchitis, No. 1; Brown Mixture Comp.; Calomel, Ipecac and Soda, No. 1; Calomel, Sacch., 1-10 gr. (for children); Phenolphthalein Comp. (Phenalos): Chlorodyne: Coryza, Improved: Dover's Powder, 2 1-2 gr.; Dyspepsia Fermentative; Ergotin, 1 gr.: Fever (Davis): Kermes Mineral Comp.; Morphine Sulph., 1-6 gr.; Nitroglycerin Comp. (Heart Tonic and Stimulant): Pepsin, Capsicum Comp. (Digestive): Phy-Sagra (Anti-Constipation); Quinine Sulph., 2 gr. (chocolate-coated); Tonsillitis; Viburnum Comp. (Uterine Tonic).

Size, 8 x 3 1-2 x 1 5-8 inches

Regular price, filled, is $3.00 each. We allow a rebate of $1.00 to physicians mentioning this journal, and for $2.00, cash with order, will ship, charges prepaid, to any point in the United States.

H. K. Mulford Company, Philadelphia

Digitized by Google

Three Special Christmas Offers to Prove it

HAND or BUGGY CASE, No. 4

Made of extra heavy, solid black sole leather, containing seven 1 1-2 ounce glass-stoppered bottles (with metal safety covers), twenty-one 6-dram and thirty-two 1-2 ounce s.-c. vials (cork vials if preferred), fitted with special spring clasps; velvet-lined case for holding hypodermic syringe, needles and ligatures and pocket for sundries.

A great improvement is in the method of holding the bottles on pads supported by metal holders on each side, permitting case to be more securely made, affording easier handling of contents, all labels reading in the one direction.

Size, 5 1-4 in. wide, 5 3-4 in. high, 11 in. long

Filled as per following list:

Aconite Tinct., 1 min.; Antacid; Anti-Constipation; Antiseptic, No. 6; Bismuth Beta-Naphtol Comp. (Typhoid Fever); Bismuth Subnitrate and Ipecac Comp.; Bland's Tonic Laxative; Bronchitis, No. 1; Brown Mixture Comp.; Calomel, Ipecac and Soda, No. 1; Calomel, Saccb., 1-10 gr. (for children); Cathartic, Active; Chloral Hydrate Comp.; Chlorodyne; Creosote Comp. (Nausea); Cystitis, No. 1; Diarrhea, No. 1; Diarrhea, No. 2; Digestive; Digitalis, Tinct., 5 min.; Diuretic, Improved; Dover's Powder, 2 1-2 gr.; Dyspepsia Fermentative; Emmenagogue, Preferred; Endometritis; Expectorant, No. 3; Fever (Davis); Four Chlorides; Hemostatic; Hypophos. Quinine Comp. with Creosote; Krameria Comp. (Astringent); Lime Water, No. 2; Morphine Sulph., 1-6 gr.; Neuralgia, Preferred; Nitroglycerin Comp. (Heart Tonic and Stimulant); Opium, Ipecac and Lead Acetate; Pepsin, Capsicum Comp.; Phenolphthalein Comp. (Phenalos); Phy-Sagra; Potassium, Ammon. and Sodium Bromide; Potass. Arsenite, 1-50 gr.; Proferrin Comp.; Protan, 7 1-2 gr.; Protan Comp.; Quinine Sulph., 2 gr. (chocolate-coated); Rheumatic, Preferred; Sedative, Modified; Salol Comp. (Intestinal Diarrhea); Santonin and Calomel, No. 1; Sodium Bicarb. and Paregoric Comp.; Strophanthin and Nitroglycerin Comp.; Tonsillitis; Viburnum Comp. (Uterine Tonic).

Hypodermic Tablets

1 tube Cardiac, No. 2.....No. 119
1 tube {Morphine Sulph.....1-4 gr. / Atropine Sulph.....1-150 gr.}.....No. 74
1 tube Nitroglycerin.....1-100 gr.....No. 98
1 tube Strychnine Sulph.....1-20 gr.....No. 110
1 tube Adrin and Sparteine (Heart Tonic).

1 1-2 oz. C. S. bottles contain

Aconite Tinct., physiologically tested and chemically standardized.
Belladonna Tinct.
Digitol (physiologically tested and chemically standardized Tinct. Digitalis).
Nux Vomica Tinct.
Cornutol (Active and Aseptic Ergot).
Ichtholdine.
Somnos.

Should changes in the filling of cases be desired, they will be allowed, provided the prices average the same as those replaced. Send for price-list.

In ordering, include name of the druggist through whom you purchase your supplies.

These special offers are open for thirty days from date of this publication.

Regular price, filled, $12.50. We allow a rebate of $4.50 to physicians mentioning this journal, and for $8.00, cash with order, will ship, charges prepaid, to any point in the United States. Your money refunded if cases or contents are not satisfactory in every way.

H. K. Mulford Company, Philadelphia

Digitized by Google

Fellows' Syrup of Hypophosphites

A faithfully prepared, long-tried, uniform preparation.

Reject < **Worthless substitutes. Preparations "Just as Good."**

Digitized by Google

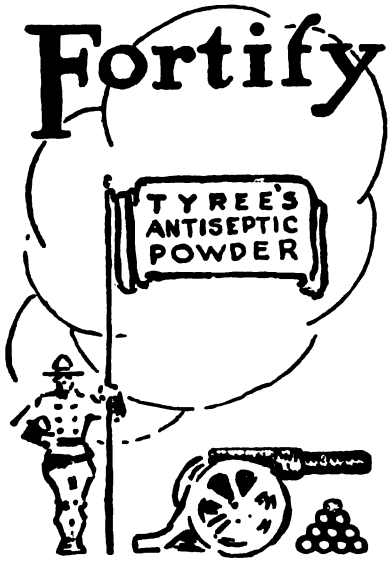
EFFICIENT PRODUCTS
R3V-DIOVIBURNIA IN DYSMENORRHEA, AMENORRHEA AND KINDRED DISEASES.
DIOVIBURNIA
R3V-COMBINATION ONE TWO PARTS DIOVIBURNIA WHEN AN ALTERATIVE AND NEUROTIC IS REQUIRED.
NEUROSINE
R3V-NEUROSINE IN ALL FORMS OF NEUROSIS AND WHENEVER A NEUROTIC IS INDICATED.
R3V-GERMILETUM WITH EQUAL QUANTITY OF WATER AS A DOUCHE OR GARGH IS VERY EFFICIENT IN CATARRH. GERMILETUM IS A SUPERB ANTISEPTIC IN OBSTETRICS
DIOVIBURNIA
THE EFFICIENT
UTERINE TONIC AND ANTISPASMODIC.
UNEXCELLED IN DYSMENORRHOEA
NEUROSINE
THE EFFICIENT
NEUROTIC. HYPNOTIC. AND ANODYNE.
CONTAINS NO OPIUM. MORPHINE OR CHLORAL.
GERMILETUM
THE EFFICIENT
ANTISEPTIC. GERMICIDE AND DISINFECTANT.
SLIGHTLY ALKALINE. NO ACID REACTION.

FREE.—The Perpetual Visiting and Pocket Reference Book, 136 printed and ruled pages, Vellum binding, with Full Size bottle of Dioviburnia, Neurosine and Germiletum with literature and complete Formulæ furnished free only to Physicians, they paying express charges. Formulæ and literature alone, if desired, by mail.

DIOS CHEMICAL CO., - - - ST. LOUIS, MO.

DON'T GO INTO A CLIMATIC FIGHT HANDICAPPED

Fall and Winter, with their climatic changes, will bring many people ringing at their doctors' doors.



The man with the sensitive, catarrhal, or infected membrane of the throat, nose, ear, or genital organs, abscesses, abrasions, burns, ulcers, etc.

The woman with the inflamed mucosae of the genito-urinary and rectal track.

The child with the irritated skin and other dermatic disorders.

The confidence they rest in their physician demands that he make them as nearly physically perfect as possible; relieving present weakening conditions and building skillfully against winter exposure.

Don't sanction suffering in these cases one moment for want of an antiseptic as harmless as it is effective.

WE SAY

To the doctor who knows TYREE'S ANTISEPTIC POWDER: "Be sure your supply is adequate."

To the doctor who has neglected to prove its value: "Delay no longer, order at once!"

To ALL DOCTORS: "We will send a package free, upon request."

J. S. TYREE, Chemist .·. Washington, D. C.

Digitized by Google

PRESCRIBE

PAS-AVENA

FOR

PAIN—NERVOUSNESS—SLEEPLESSNESS

DOSE AS FOLLOWS:

HEADACHES .....Teaspoonful every hour until relieved.

NEURALGIA.....One to two teaspoonfuls every two hours when necessary.

SCIATICA AND LUMBAGO.....One to two teaspoonfuls to a tablespoonful every three hours, according to severity of pain.

MENSTRUAL PAINS AND OVARIAN COLIC...One to two teaspoonfuls to a tablespoonful as required.

INFLUENZA.....One to two teaspoonfuls every three hours when necessary.

HYSTERIA.....Teaspoonful every hour until relieved.

INSOMNIA.....Two teaspoonfuls at 7 P. M. followed by two teaspoonfuls at 9 P. M.

CONVULSIONS.....Tablespoonful every half-hour until relieved. (Children, teaspoonful.)

GENERAL NERVOUS CONDITIONS.....Teaspoonful three to four times a day.

Any retail druggist should be able to fill prescriptions for Pas-Avena, as all wholesale druggists carry it in stock. Literature and working samples furnished on request. ***The formula of Pas-Avena is on every bottle.***

WALKER PHARMACAL COMPANY, St. Louis, Mo.

Digitized by Google

Is Your Driving Comfort Worth a Postal

or a two-cent stamp? That's the only expense attached to your getting the *new* 32-page Cozy Cab Book.

It tells the whole story of the Cozy Cab—how the idea was suggested by a physician who wanted comfort and protection while driving. It tells how the idea was carried out by a practical carriage maker, changes made and improvements added.

It tells how the entire vehicle was perfected until it stands today as the *one* vehicle meeting every requirement of the physician, every day in the year.

COZY CABS

are made in many styles ranging from $75 to $200 each. Every Cozy Cab gives perfect protection from all weather conditions.

It can be changed *in a few seconds* from an open pleasant-weather vehicle to a storm-proof Cozy Cab, giving complete protection.

Cozy Cabs are built in our own factory so we *know* that only the best material is used.

They are built to stand rough, rocky roads yet retain the pleasing, graceful lines peculiar to Cozy Cabs alone.

Driving comfort and protection mean much to you, the busy physician. Send a postal or letter for the Cozy Cab Book, but—*Send it today.*

FOUTS & HUNTER CARRIAGE MFG. CO.

M—61 Third Street TERRE HAUTE, IND.

Pneumo-Phthysine
Serial No. 1928. Guaranteed under
Food and Drugs Act, June 30, 1906.
PNEUMO-PHTHYSINE CHEMICAL CO.
CHICAGO, ILL. OKLAHOMA, OKLA.

WILL YOU?

In the readjustment of your portable equipment in harmony with the class of diseases peculiar to the season just before us, think of the long line of patients you will be called to treat for Pulmonary ailments, more especially Infants and Children.

If you have never tried PNEUMO-PHTHYSINE, DO SO AT OUR EXPENSE, and we know that you will not be disappointed. If you have prejudices, lay them aside one time and take a chance. Your doubtful cases will become living testimonials to your good judgment in the application of Positive Therapeutics.

DOWN with the idea that there is no successful treatment for Pneumonia.

PNEUMO-PHTHYSINE CHEMICAL CO.

CHICAGO *OKLAHOMA*

Digitized by Google

CHROMIAC TABLETS

(CHROMIUM-APHRODISIAC)

The success of chromium sulphate in the treatment of ***impotency,*** coupled with the undoubted fact that ***damiana, the principal constituent of nearly all aphrodisiacs, is of no value*** (the favorable results being due to the other constituents of the combination), led us to replace damiana with chromium sulphate. It is not a specific—nothing is—but it certainly succeeds where other remedies have failed.

But it is not simply a remedy for impotency. In neurasthenia and other extremely nervous conditions requiring a powerful nerve tonic it is remarkably successful.

FORMULA: Chromium sulphate, zinc phosphide, extract nux vomica, cannabin, cantharides, avenine.
The tablets are sugar-coated green.

The First Report Favorable

The first report received was from a prominent doctor in Illinois, who said: "I must say it is the best formula for the purpose I have ever used. It brings quick results. It is certainly a winner."

Good Results

I have used Chromiac Tablets in one case of partial impotency, with very good results. I am also using them as a general nerve tonic in a case that seems to be neurasthenic, but am not able to tell the results as yet. N. H. A., M.D., N. J.

Remarkable Results

I have two cases under treatment with Chromiac Tablets. One, a young man (35), who has been impotent for five years appears to be completely cured. The second case, a young man (25). I removed varicose veins on left side about six months ago. Prior to the operation impotency was complete. He is recovering the sexual power. Slow, to be sure, but improving. I am glad to report favorably in the cases under my care. A. H. J., M.D., Kan.

Neurasthenia

In reply to your letter will say that I have not had occasion to use Chromiac in cases of impotency as yet, but am using it with fine results in neurasthenia, or general run-down condition, in either sex, but mostly in the females. Am using Chromium Sulphate with good results in exophthalmic goiter and threatened locomotor ataxia and believe will get permanent results from them. T. N. W., Tex.

Impotency

I have used Chromium Sulphate 4 gr. in goiter with favorable results, also in impaired nerve vitality, not so great perhaps as locomotor ataxia, very favorably.

I have used Chromiac Tablets in weakened manhood, with favorable results, and believe both are worthy of further clinical research.
W. W. M., M.D., Ind.

Wants Another Thousand

Replying to inquiry, I find the Chromiac Tablets useful, so much so, enclosed find check for $2.75 for another thousand. B. W. S., M.D., Pa.

Price: 1000, $2.75 500, $1.50 100, 35c.

CHROMIUM SULPHATE

Has proved remarkably successful in neurasthenia, locomotor ataxia, exophthalmic goiter, impotency, prostatic enlargement, uterine fibroid tumors, etc.

We were among the first to recognize its value and are probably the largest manufacturers of the tablets in the world.

25 Patients on Chromium Sulphate

I enclose order from Dr. M—— for Chromium Sulphate tablets. He is just out. Says he has about 25 patients taking them and is getting some fine results, particularly in neurasthenic cases, old spinal troubles and locomotor ataxia. Says he has a line of old cases that he never benefited before, by giving the Chromium Sulphate in addition to usual remedies; he says they all admit they are getting better. Dr. M—— has an immense practice, and will use nothing that will not produce results. He made a special request that 1000 of these tablets be sent by mail with special delivery stamp in order that "the good work might go on."

TWO-GRAIN TABLETS	Plain	1000, $0.90	500, 50c.	
	Coated	1000, 1.00	500, 60c.	
FOUR-GRAIN TABLETS	Plain	1000, $1.50	500, 80c.	100, 20c.
	Coated	1000, 1.60	500, 90c.	100, 25c.

The Maltbie Chemical Co., Newark, New Jersey

Digitized by Google

MALTBIE'S CREOSOTE

(CALCIUM-CREOSOTE)

An Important Discovery

Attention was first directed to Calcium-Creosote by Dr. Louis Kolipinski in a paper read before the American Therapeutic Society.

We began quietly to investigate it. These investigations extended over a period of over 15 months, and we demonstrated, absolutely, the importance of this discovery.

Consider, for a moment, that you have a remedy of undoubted value in **Tuberculosis, Pneumonia, Typhoid Fever, Coughs and Colds, Scrofulous diseases, Diarrhœa and Dysentery, Dyspepsia** and various diseases due to imperfect digestion, and you will begin to realize the importance of this discovery.

And then remember that it is simply Beechwood Creosote supplied by us in a form that is easily retained by the most delicate patient.

The value of Creosote has long been known, but the impossibility of administering sufficient to produce favorable results, because of the disagreeable taste and the nausea and vomiting following doses of sufficient size, has prevented its use except to a very limited extent.

Each fluid drachm of Maltbie's Creosote contains three minims of pure Beechwood Creosote, yet as much as four fluid drachms of the solution (containing 12 minims pure Creosote) may be administered every three hours without difficulty. In fact we have records of 96 minims of pure Creosote being administered in 24 hours.

Favorable results from the administration of Maltbie's Creosote are noted promptly. The first effect may be likened to an alcoholic stimulant, without the alcohol. Physicians themselves find a dose, taken when they are tired and worn out, promotes at once a feeling of rest and comfort, yet it is absolutely free from alcohol and perfectly harmless.

Of course the largest use for Maltbie's Creosote will be found in the treatment of tuberculosis, bronchitis, coughs and colds. Sufficient evidence has already been obtained to prove the value of this remedy, even in cases of long standing. It makes the patient stronger, promotes digestion, relieves the cough and increases the weight.

The success of Maltbie's Creosote in tuberculosis and bronchitis is remarkable; for instance, Dr. L. C. S., Ohio, had a very bad tubercular case; he placed this patient on Maltbie's Creosote, with some misgivings, as he did not give the patient over four weeks to live. When he began the treatment the patient was confined to the bed, temperature 101 degrees, cough severe, with great amount of expectoration, and stomach in such condition he could take little food. After 16 days' treatment with Maltbie's Creosote, two tablets and one teaspoonful solution every two hours, the patient had gained four pounds in weight, had splendid appetite, temperature 99 degrees, very little cough and had walked one and a half miles the day before the report was made.

In simple coughs and colds it should and will displace many of the cough syrups heretofore employed. Many cases of tuberculosis follow a simple cold.

In pneumonia it is said to mitigate the disease, reduce the fever, respiration and pulse and acts as a pulmonary antiseptic.

In typhoid fever it is an active, efficient and non-toxic antiseptic to the mouth, stomach and intestines. It disinfects the stools. It reduces the fever. It keeps the patient strong and cheerful, and cuts the duration of the fever in half. Cold water baths become unnecessary.

In indigestion it stops fermentation, allays nausea and corrects the causes productive of diarrhœa.

In diarrhœa it is found a particularly valuable remedy. Will be found indispensable in infantile diarrhœa and colic when its full value becomes known.

After months of experiments we are now able to supply powdered Calcium Creosote for the easy preparation of the solution.

Each package of the powder is sufficient for one gallon of solution. Prepared by simply adding to one gallon of water.

We also supply friable tablets, each tablet representing about one teaspoonful of solution.

PRICE LIST

CALCIUM CREOSOTE POWDER (MALTBIE), per bottle, sufficient for one gallon solution, $1.50. (By express prepaid, $1.75.)

CALCIUM CREOSOTE TABLETS (MALTBIE), chocolate coated, representing one teaspoonful solution, per 1,000, $2.00. (By express prepaid, $2.25.)

The Maltbie Chemical Co. :: Newark, N. J.

Digitized by Google

ATWOOD GRAPE FRUIT

LAST season we placed emphasis on the curative value of citric acid as found in the ATWOOD GRAPE FRUIT.

With the first suggestion of the use of this grape fruit in rheumatic and febrile conditions came a quick endorsement from physicians and the public. We say "as found in the Atwood Grape Fruit," for Atwood Grape Fruit is so far superior to the ordinary kind that it is admittedly in a class by itself when used either as a luxury or medicinally.

Its superiority is not an accident. From the beginning the Atwood Grape Fruit Company (the largest producer of grape fruit in the world) has sacrificed everything for QUALITY. An initial expense of hundreds of thousands of dollars was incurred; everything that science or experience could suggest was done to produce QUALITY; even then, many trees, as they came to maturity, bore just good, ordinary grape fruit, but not good enough for the Atwood Brand. Therefore thousands of big, bearing trees were either cut back to the trunk and rebudded to SUPERIOR VARIETIES or dug out entirely.

So through the various processes of selection, cultivation and elimination has evolved the ATWOOD FLAVOR, as hard to describe as it is difficult to produce.

Atwood Grape Fruit is sold by high class dealers and always in the trade-mark wrapper of the Atwood Grape Fruit Company.

Buy it by the box; it will keep for weeks and improve. Price for either bright or bronze, $6 per standard box containing 54, 64 or 80 grape fruit.

ATWOOD GRAPE FRUIT CO. 290 Broadway, New York City

THE ATWOOD GRAPE FRUIT COMPANY. MANAVISTA, FLA. TRADE MARK.

A SIMPLE FORMULA

for preparing baby's milk makes it easy for the mother, and usually gives best results.

In most cases

BORDEN'S EAGLE BRAND CONDENSED MILK

can be readily modified at the discretion of the physician to satisfactorily meet the requirements.

High Quality and Uniformity of Composition are two of its many merits.

BORDEN'S CONDENSED MILK CO.
"Leaders of Quality"
Est. 1857 New York

Digitized by Google

Welch's Grape Juice

An eminent physician says in speaking of grape juice:

"In no other form can the human organism absorb so large a quantity of blood-purifying liquids."

We say, and our statement has the endorsement of many eminent physicians, that in no other form can you get grape juice so pure as Welch's Grape Juice.

Welch's Grape Juice is sold by leading druggists everywhere.

Three-ounce bottle, by mail, six cents. Pint bottle, express prepaid east of Omaha, 25 cents.
You will be interested in our booklet, "The Food Value of the Grape," sent free to physicians.

THE WELCH GRAPE JUICE COMPANY
Westfield, N. Y.

Digitized by Google

DR. R. B. WAITE'S
ANTISEPTIC LOCAL ANÆSTHETIC
(NON-SECRET)

The Best in the World

for the Painless Extraction of Teeth and All Minor Surgical Operations.

BECAUSE IT IS

Absolutely Pure, Perfectly Uniform, and There is No Limit to the Surgical Operations

that may be performed with its aid

WITHOUT PAIN OR DANGER

For Skin Grafting, Amputations, Circumcisions, Strangulated Hernia, Necrosis, Removal of Tonsils, Incision of Abscesses, and in the Removal of Small Tumors over the body's surface

IT CAN BE USED ALMOST AS FREELY AS WATER

And We Guarantee that it will Never Deteriorate.

YOU NEED NOT WORRY

when using DR. R. B. WAITE'S ANTISEPTIC LOCAL ANÆSTHETIC for you know it is not an experiment, but a preparation whose merits are proven by its continued popularity, as shown by the increase in its sales each year, and the fact that during the last seventeen years it has been used in MILLIONS OF CASES in every civilized country in the world, always with PERFECT RESULTS.

You Get No Sloughing—No Failures

To convince you that our claims are well founded we will furnish you with a full ounce bottle or box of 1½ C.C. ampules

FREE FOR TRIAL

upon receipt of 25c. to cover the cost of packing and delivering, providing you have not yet taken advantage of this offer.

PRICES:

In one or two ounce bottles . . 1 oz., $1.00; 6 ozs., $5.00; 20 ozs., $15.00
In 1½ C.C. ampules. . . . . 1 box (12 ampules), 75c.; 12 boxes, $7.50
In 2½ C.C. ampules . 1 box (12 ampules), $1.00; 6 boxes, $5.00; 20 boxes, $15.00

Manufactured by

THE ANTIDOLAR MFG. COMPANY

8 Main St., Springville, Erie Co., N. Y.

Montreal, Canada
498 Argyle Ave.

Paris, France
5 Rue de la Paix

Frankfurt A/M, Germany
52 Elbestrasse

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

BOUND IN LIBRARY

AUG 9 1912

Digitized by Google

Digitized by Google